



# Table of contents

<b>Acknowledgements</b>	<b>2</b>
<b>Foreword</b>	<b>3</b>
<b>Introduction</b>	<b>5</b>
- Mortality	
- Current status and trends in risk factors	
- Country capacity to address and respond to NCDs	
- References	
<b>Explanatory notes</b>	<b>10</b>
- Background	
-Total population and income category	
- Mortality	
- Risk factors and morbidity	
- Country capacity to address and respond to NCDs	
- References	
<b>Country profiles</b>	<b>15</b>



## Acknowledgements

This report was written by Ala Alwan, Timothy Armstrong, Melanie Cowan and Leanne Riley.

Contributions to the report were made by Abidkamal Alisalah, Esther Bae, Fiona Bull, Alison Commar, Li Dan, Goodarz Danaei, Jean-Maire Dangou, Majid Ezzati, Ibtihal Fadhil, Farshad Farzadfar, Alyse Finkel, Mariel Finucane, Gauden Galea, Renu Garg, Regina Guthold, Gauri Khanna, Branka Legitic, John Lin, Yuan Lu, Doris Ma Fat, Colin Mathers, Jelena Milesevic, Hilda Muriuki, Christopher Paciorek, Sameer Pujari, Elena Sartorius, Hai-Rim Shin, Gitanjali Singh, Gretchen Stevens, Anita Strandsbjerg, Edouard Tursan d'Espaignet, Menno Van Hilten, Cherian Varghese, Godfrey Xuereb.



## Foreword

This report provides information required by countries to assess their situation in face of the growing threat posed by noncommunicable diseases (NCDs). The data included add to the WHO *Global status report on noncommunicable diseases 2010*. They are presented in this report as country-specific pages.

The WHO *Global status report on noncommunicable diseases 2010* (GSR 2010) showed that NCDs are the biggest cause of death worldwide. More than 36 million people died from NCDs in 2008, mainly cardiovascular diseases (48%), cancers (21%), chronic respiratory diseases (12%) and diabetes (3%). More than 9 million of these deaths occurred before the age of 60 and could have largely been prevented. Premature deaths from NCDs range from 22% among men and 35% among women in low-income countries to 8% among men and 10% among women in high-income countries. The GSR 2010 provides a baseline for future monitoring of NCD-related trends and for assessing the progress that countries are making to address cardiovascular diseases, diabetes, cancers and chronic lung disease. It also provides a framework to monitor NCDs, focusing on exposures (risk factors), outcomes (morbidity and mortality) and health system capacity and response.

This report adopts the same approach and areas of focus. It provides for the first time for each Member State estimates on the burden of NCD mortality, prevalence and trends of selected major behavioural and metabolic risk factors and the country's capacity to respond to the NCD crisis. Data in this report are drawn from multiple sources including data provided by countries, estimates developed by WHO and the results of the global survey on assessment of national capacity for the prevention and control of NCDs which was conducted in 2009/2010. Every effort has been made to incorporate the most comprehensive, recent and reliable data and to validate these data with countries and other sources. However, where data were scarce there is greater uncertainty around these estimates.

Exposure to the four main behavioural risk factors that contribute to NCDs - tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets - remains high worldwide and is increasing in the majority of low- and middle-income countries.

The country profiles presented here reveal an enormous burden on mortality and alarming rates for risk factors like tobacco smoking, physical inactivity, raised blood pressure, overweight and obesity, raised cholesterol and raised blood glucose. However, there are also signs of positive improvement in some countries where health systems have been strengthened and population strategies have been effectively applied. The profiles also show that health-care systems for NCDs in many countries struggle to establish and maintain integrated policies and deliver a comprehensive range of essential primary care services,

from promotion and prevention, to early detection and timely treatment. As a result, a large proportion of people with high NCD risk remain undiagnosed and untreated.

Improving health is not just about investing more resources. It is equally important to set national targets and measure results. I hope that the information contained in this report will be useful to countries and other stakeholders in identifying areas for priority action, in evaluating policy and programme interventions and in tracking progress. In this respect, WHO will continue to work with Member States to address the data gaps and improve the accuracy of the information included in the next edition of this report.

Halting premature deaths from NCDs will require global solidarity and alliances that go beyond national boundaries. Eleven years since the World Health Assembly endorsed the Global Strategy for the Prevention and Control of Noncommunicable Diseases to reduce the toll of premature deaths, the world has witnessed another breakthrough: the High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs in September 2011. The opportunity provided by this meeting, attended by heads of state and government, is unprecedented. This is the second time in the history of the United Nations that the General Assembly is meeting on a health issue with a major socio-economic impact. Implementing the political declaration of this High-level Meeting and the Action Plan of the Global Strategy for the Prevention and Control of NCDs is a major challenge to governments, other stakeholders and the international community. By ensuring that the response to NCDs is at the forefront of international efforts to promote inclusive economic growth and protect health, we will achieve a more balanced distribution of the benefits of global progress and reinforce the broader scope of human security. This gives me cause for great optimism.

**Dr Ala Alwan**

Assistant Director-General  
World Health Organization



## Introduction

In April 2011 the World Health Organization (WHO) released the first *Global status report on noncommunicable diseases* outlining the statistics, evidence and experiences needed for a more forceful response to the growing threat posed by noncommunicable diseases (NCDs) (1). Building on this earlier publication, this report provides an overview of the NCD situation in each WHO Member State. Each country profile provides the number, rates and causes of deaths from NCDs; the prevalence of selected risk factors; trends in metabolic risk factors in each country; and information describing current prevention and control of NCDs. The methods and data sources used to produce these profiles are detailed in the Explanatory Notes.

## Mortality

It is well established that NCDs are the leading cause of death in the world, responsible for 63% of the 57 million deaths that occurred in 2008 (2). The majority of these deaths - 36 million - were attributed to cardiovascular diseases and diabetes, cancers and chronic respiratory diseases.

The country profiles highlight estimates for mortality in 2008 including the total number of NCD deaths in each country, age-standardized death rates for all NCDs as well as for cancers, chronic respiratory disease and cardiovascular diseases and diabetes specifically. Premature mortality is highlighted by the percentage of all NCD deaths that occurred under 60 years in each country. Additionally, information on the proportion of mortality in each country attributed to NCDs is displayed.

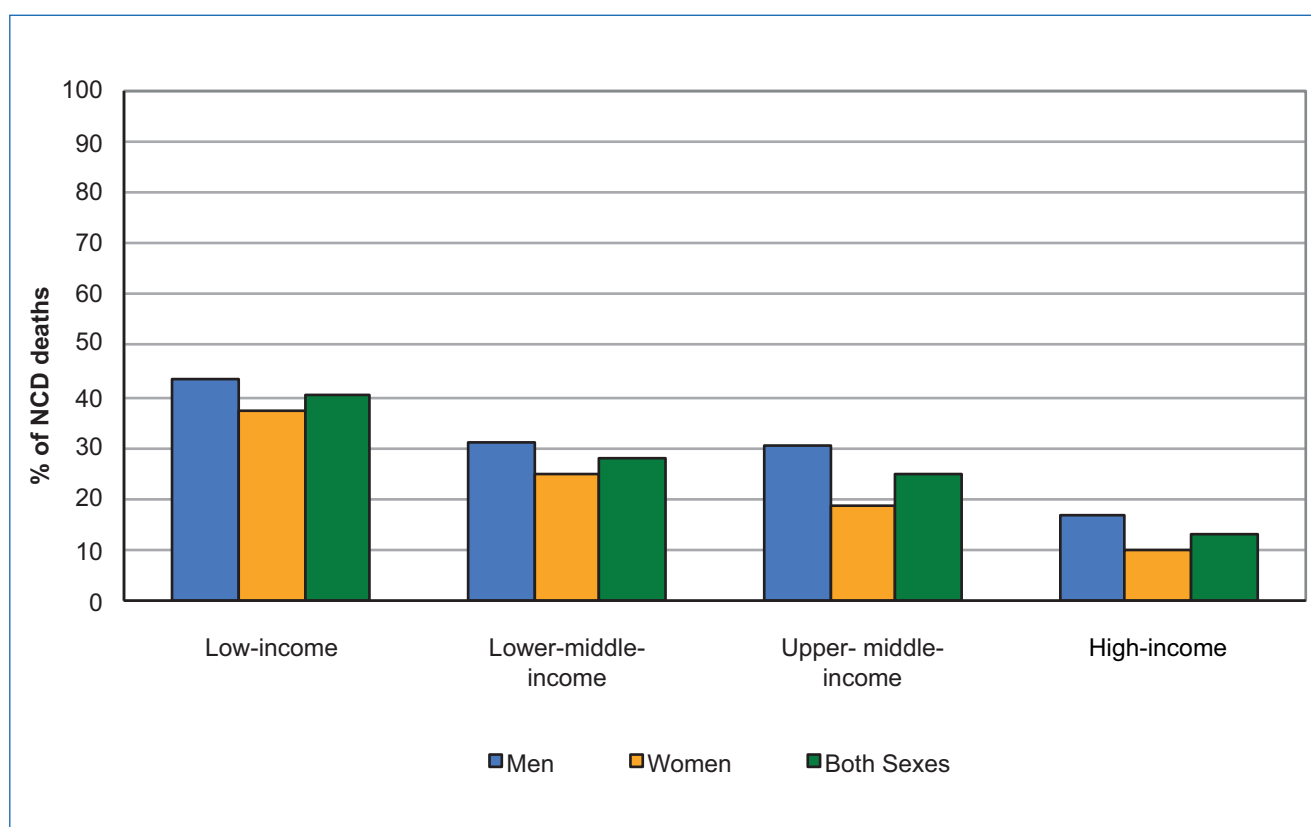
In most middle- and high-income countries<sup>1</sup> NCDs were responsible for more deaths than all other causes of death combined, with almost all high-income countries reporting the proportion of NCD deaths to total deaths to be more than 70%.

In reviewing these profiles it is clear that death rates due to NCDs are closely related to country income. Age-standardized death rates were highest in countries with low incomes.

Low- and lower-middle-income countries have the highest proportion of deaths under 60 years from NCDs. Premature deaths under 60 years for high-income countries were 13% and 25% for upper-middle-income countries. In lower-middle-income countries the proportion of premature NCD deaths under 60 years rose to 28%, more than double the proportion in high-income countries. In low-income countries the proportion of premature NCD deaths under 60 years was 41%, three times the proportion in high-income countries.

<sup>1</sup> Equatorial Guinea was excluded from this analysis as its mortality profile is inconsistent with other high-income countries.

**Figure 1:** Proportion of NCD mortality under 60 years by income group of countries.



## Current status and trends in risk factors

Common, preventable risk factors underlie most NCDs. These risk factors are a leading cause of the death and disability burden in nearly all countries, regardless of economic development. The leading risk factor globally for mortality is raised blood pressure (responsible for 13% of deaths globally), followed by tobacco use (9%), raised blood glucose (6%), physical inactivity (6%), and overweight and obesity (5%) (3).

Prevalence estimates for a standard year (2008) are presented in the country profiles for the key behavioural and metabolic risk factors for NCDs. In addition, trends in four selected metabolic risk factors over three decades from 1980-2008 are highlighted, where data were available to estimate trends.

The prevalence of these risk factors varied between country income groups, with the pattern of variation differing between risk factors and with gender. High-, middle- and low-income countries had differing risk profiles. Several risk factors have the highest prevalence in high-income countries. These include physical inactivity among women, total fat consumption, and raised total cholesterol. Some risk factors have become more common in middle-income countries. These include tobacco use among men, and overweight and obesity.



Tobacco use was higher in middle-income countries than in low- or high-income countries, and in all income groupings was higher among men than women. Men in lower-middle-income countries had the highest smoking prevalence at 39%, followed by men in upper-middle-income countries (35%). Among women, there were relatively higher rates (around 15%) in upper-middle and high-income countries, and considerably lower rates (between 2-4%) in low- and lower-middle income countries (1).

The prevalence of insufficient physical activity rose according to level of income. High-income countries had more than double the prevalence compared with low-income countries for both men and women, with 41% of men and 48% of women insufficiently physically active in high-income countries compared with 18% of men and 21% of women in low-income countries (1). Nearly every second woman in high-income countries was insufficiently physically active in 2008 (1).

Across income groups of countries, the prevalence of raised blood pressure was consistently high, with low-, lower-middle- and upper- middle-income countries all having rates of around 40% for both sexes. The prevalence in high-income countries was lower, at 35% for both sexes. On average, global trends in population show that mean systolic blood pressure over the past three decades has barely declined, but trends vary significantly across regions and countries (4). Mean systolic blood pressure was highest in low- and middle-income countries.

In 2008, the age-standardized adult diabetes prevalence was 9.8% among men and 9.2% among women, reflecting an increase from 8.3% in men and 7.5% in women in 1980 (5). The number of people with diabetes increased from 153 million in 1980 to 347 million in 2008 (5). For raised blood glucose/diabetes, the estimated prevalence of diabetes was relatively consistent across all country income groups.

The prevalence of raised body mass index (BMI) generally increased with rising income level of countries, and rose across all income groups over the three decades. The prevalence of overweight in high-income and upper-middle-income countries was more than double that of low- and lower-middle-income countries.

More than half of adults in high-income countries were overweight and just over one fifth of were obese. In upper-middle-income countries, more than half of adults were overweight and a quarter were obese.

In lower-middle- and low-income countries the increase in prevalence of overweight and obesity over three decades was greater than in upper-middle and high-income countries, with rates of obesity doubling over the three decades between 1980 and 2008 (6). In lower-middle-income countries obesity doubled during this period from 3-6%, and in low-income

countries from 2-4%. Overweight increased from 15-24% in lower-middle-income countries during this period, among low-income countries it rose from 10-16%. In low-income countries women's overweight and obesity showed the most dramatic increases and in 2008 were double those of men. In these low-income countries women's overweight doubled from 9% in 1980 to 18% in 2008 and obesity more than doubled from 2-5%.

In 2008, age-standardized mean total cholesterol worldwide was 4.64 mmol/L for men and 4.76 mmol/L for women (7). The global prevalence of raised total cholesterol in 2008 was 38%. In high-income countries, more than 50% of adults had raised total cholesterol, more than double the level of the low-income countries. In lower-middle-income countries around a third of adults had raised total cholesterol. In low-income countries around a quarter of adults had raised total cholesterol. In the three decades from 1980-2008 global mean total cholesterol levels changed very little, although the prevalence of raised total cholesterol declined in all country income groups except lower-middle-income (7).

## Country capacity to address and respond to NCDs

Finally, selected indicators of country capacity to address and respond to NCDs have been highlighted in the NCD country profiles. The indicators relate to infrastructure, financing, surveillance, policy/strategy development, and implementation of key tobacco policy measures. All percentages here refer only to the 184 Member States that responded to the NCD country capacity survey, with the exception of the tobacco policy (MPOWER) indicators which are drawn from a different source.

Nearly 90% of countries reported having a unit/branch/department in the Ministry of Health with responsibility for NCDs. Funding for NCD treatment and control as well as for NCD prevention and health promotion was generally available and the prevalence increased with country income. Funding for surveillance, monitoring and evaluation was lower overall, and lowest in low-income countries with only 49% of low-income countries reporting that funds were available for this activity.

With respect to national NCD surveillance systems, while the profiles show that 85% of countries reported that mortality data were included in national health reporting systems, only 47% have population-based mortality data. For morbidity related to NCDs, the pattern is similar: 85% of countries include morbidity data related to NCDs in their national health reporting system, but less than a quarter of countries (21%) have population-based data. Finally, nearly 60% of countries reported having NCD risk factor data in their national health reporting systems, but only 49% have population-based data. For cancer registries, only 36% of countries reported having a national registry that is population based.





While the vast majority (92%) of countries had developed at least one policy, plan, or strategy to address NCDs and their risk factors, considerably fewer reported having at least one policy, plan or strategy that was operational (79%) or that had dedicated funding (71%). This highlights that there is much work to be done to strengthen policy development to address NCDs.

For implementation of the tobacco policy (MPOWER) measures, countries were assessed as to whether they had attained the highest level of achievement in each of the policy areas P, O, W, E and R. Most countries are progressing, however no country was assessed as having attained the highest level in all five of these measures. Only one country achieved a score of 4 out of 5; 25% of countries scored only 1 out of 5 and 60% of countries had not yet achieved the highest level in any of the policy areas.

## References

- 1) *Global status report on noncommunicable diseases 2010*. Geneva, World Health Organization, 2011.
- 2) Alwan A et al. Monitoring and surveillance of chronic noncommunicable diseases: progress and capacity in high-burden countries. *The Lancet*, 2010, 376:1861-1868.
- 3) *Global health risks: mortality and burden of disease attributable to selected major risks*. Geneva, World Health Organization, 2009.
- 4) Danaei G et al. National, regional, and global trends in systolic blood pressure since 1980: systematic analysis of health examination surveys and epidemiological studies with 786 country-years and 5.4 million participants. *The Lancet*, 2011, 377:568-577.
- 5) Danaei G et al. National, regional, and global trends in fasting plasma glucose and diabetes prevalence since 1980: Systematic analysis of health examination surveys and epidemiological studies with 370 country-years and 2.7 million participants. *The Lancet*, 2011, 378:31-40.
- 6) Finucane MM et al. National, regional, and global trends in body-mass index since 1980: systematic analysis of health examination surveys and epidemiological studies with 960 country-years and 9.1 million participants. *The Lancet*, 2011, 377:557-567.
- 7) Farzadfar F et al. National, regional, and global trends in serum total cholesterol since 1980: systematic analysis of health examination surveys and epidemiological studies with 321 country-years and 3.0 million participants. *The Lancet*, 2011, 377:578-586.

## Explanatory Notes

### Background

The NCD country profiles present a selection of data for each country related to their NCD mortality, risk factors and country capacity to prevent and control NCDs. The data presented in each of the profiles are derived from several sources, each of which are explained below. The mortality and risk factor data were based on data, where available, from the countries and adjusted using methods to standardize for greater comparability. The data on country capacity to respond to NCDs are drawn from information submitted to WHO directly from the countries.

### Total Population and Income Category

The 2010 population estimates from the most recent United Nations Population Division *World Population Prospects* are reported in each profile (1). For income category, the 2008 World Bank income categories are reported (2).

### Mortality

Age- and sex-specific all-cause mortality rates were estimated for 2008 for the 193 WHO Member States from revised life tables, published in *World Health Statistics 2011* (3). Total deaths by age and sex were estimated for each country by applying these death rates to the estimated resident populations prepared by the United Nations Population Division in its 2008 revision (4). To calculate causes of death for countries with complete or incomplete death registration data, vital registration data were used to estimate deaths by cause. Death registration data from 1980-2008 (if available) were used to project recent trends for specific causes, and these trend estimates were used to estimate the cause distribution for 2008. Adjustments for deaths due to human immunodeficiency virus (HIV), drug-use disorders, war and natural disasters were based on other sources of information using similar data sources and methods as previous estimates (5). For countries without any nationally representative data, cause-specific estimates of deaths for children under five years were estimated as described by Black et al. (6). For ages five years and over, previous estimated distributions of deaths by cause (5) were projected forward from 2004-2008, excluding HIV, war and natural disasters. Detailed proportional cause distributions within the three broad groups were based on death registration data from within each region. Further information on these methods is available from WHO (5). Specific causes were further adjusted on the basis of epidemiological



evidence from registries, verbal autopsy studies, disease surveillance systems and analyses from WHO technical programmes. Cause-specific estimates for HIV, tuberculosis and malaria deaths for 2008 were derived from previously published WHO estimates (7–9). Country-specific estimates of maternal mortality and cause-specific maternal mortality were based on the recent estimates for 2008 together with an analysis of regional cause patterns (10, 11). Cause-specific estimates for cancers were derived from GLOBOCAN 2008 (12).

## Risk factors and morbidity

### *Definition of indicators*

Prevalence estimates for 2008 are given for the following behavioural and metabolic risk factors:

- current daily tobacco smoking: the percentage of the population aged 15 or older who smoke tobacco on a daily basis.
- physical inactivity: the percentage of the population aged 15 or older engaging in less than 30 minutes of moderate activity per week or less than 20 minutes of vigorous activity three times per week, or the equivalent.
- raised blood pressure: the percentage of the population aged 25 or older having systolic blood pressure  $\geq 140$  mmHg and/or diastolic blood pressure  $\geq 90$  mmHg or on medication to lower blood pressure.
- raised blood glucose: the percentage of the population aged 25 or older having a fasting plasma glucose value  $\geq 7.0$  mmol/L (126 mg/dl) or on medication for raised blood glucose.
- overweight: the percentage of the population aged 20 or older having a body mass index (BMI)  $\geq 25$  kg/m<sup>2</sup>.
- obesity: the percentage of the population aged 20 or older having a body mass index (BMI)  $\geq 30$  kg/m<sup>2</sup>.
- raised cholesterol: the percentage of the population aged 25 or older having a total cholesterol value  $\geq 5.0$  mmol/L (190 mg/dl).

### *Method of estimation*

Estimates for risk factors were produced for the standard year 2008 for all reported prevalence indicators. The crude adjusted estimates presented are based on aggregated data

provided by countries to WHO or obtained through a review of published and unpublished literature. The inclusion criteria for estimation analysis stipulated that data had to come from a random sample of the general population, with clearly indicated survey methods (including sample sizes) and risk factor definition. Adjustments were made for the following factors so that the same indicator could be reported for a standard year (in this case 2008) in all countries: standard risk factor definition; standard set of age groups for reporting; standard reporting year; and representativeness of population. Using regression modelling techniques, crude adjusted rates were produced for each indicator.

Additionally, means for each of the four metabolic indicators were also estimated for the years 1980-2009. These means are presented in the risk factor trend graphs. Data for estimating trends were provided by countries or obtained through a review of published and unpublished literature. For some countries, few data points were available to calculate these estimated trends, thereby increasing the uncertainty around these estimates. The methods used for producing these estimates can be found in a series of Lancet papers published earlier in 2011 (13 - 16).

## Country capacity to address and respond to NCDs

All information provided in this section of the profile, with the exception of the indicator on the highest level of implementation of the tobacco MPOWER measures, were taken from country responses to the recent WHO NCD country capacity survey (CCS). Conducted in 2009-2010, the NCD CCS was undertaken by WHO to update information about individual country capacity to respond to NCD prevention and control. An Excel-based questionnaire was sent to NCD focal points (i.e. the person responsible for the prevention and control of NCDs) or designated colleagues within the Ministry of Health or a national institute/agency in all 193 WHO Member States. The questionnaire was distributed during 2009 and the focal points were asked to respond by the end of March 2010, although responses were accepted through June 2010. Before this report was published, countries were given the opportunity to update their profiles, with a closing date of July 2011. The final completion rate was 95% (184 countries). Those nine countries that did not respond to the survey have “ND” (no data) for all CCS-related fields in this section of the profile.

In 2008, to help countries fulfil their WHO Framework Convention on Tobacco Control obligations, WHO introduced the MPOWER package of six evidence-based tobacco control measures that are proven to reduce tobacco use. MPOWER refers to M: Monitoring tobacco use and prevention policies; P: Protecting people from tobacco smoke; O: Offering help to quit tobacco use; W: Warning about the dangers of tobacco; E: Enforcing bans on tobacco advertising, promotion and sponsorship; and R: Raising taxes on tobacco. Each measure



reflects one or more provisions of the WHO FCTC, and the package of six measures is an important entry point for scaling up efforts to reduce the demand for tobacco.

The NCD profile includes an assessment of progress in countries to implement the MPOWER measures P, O, W (excluding mass media), E and R. Data for assessing the progress of Member States against the MPOWER measures were gathered by WHO from various country-level sources. These included original tobacco control legislation documents, detailed information on cessation services, cigarette prices and tobacco-related tax and revenues.

The final data for each country were sent to the respective government for review and signoff. In cases where national authorities explicitly did not approve the data, this is noted in the *WHO report on the global tobacco epidemic, 2011* (17).

Using these data, countries were then assessed at the highest level of achievement if they met best-practice criteria for each MPOWER measure. A full description of these criteria can be found in the *WHO report on the global tobacco epidemic, 2011* (17). For each of the MPOWER measures, countries were allocated a score of 1 if they were assessed by WHO as having attained the highest level of achievement; otherwise they received a score of 0. This means that each individual country can score a maximum of 5 (range 0-5).

## References

- 1) *World population prospects – the 2010 revision*. New York, United Nations Population Division, 2011.
- 2) *World development indicators*. Washington, DC, International Bank for Reconstruction and Development/The World Bank, 2009.
- 3) *World Health Statistics 2011*. Geneva, World Health Organization, 2011.
- 4) *World population prospects – the 2008 revision*. New York, United Nations Population Division, 2009.
- 5) *The global burden of disease: 2004 update*. Geneva, World Health Organization, 2008.
- 6) Black RE et al. Global, regional and national causes of child mortality, 2008. *The Lancet*, 2010, 375:1969–1987.
- 7) *2008 Report on the global AIDS epidemic*. Geneva, Joint United Nations Programme on HIV/AIDS, 2008.
- 8) *World Malaria Report 2009*. Geneva, World Health Organization, 2009.



- 9) *Global tuberculosis control: epidemiology, strategy, financing (WHO report 2009)*. Geneva, World Health Organization, 2009.
- 10) *Trends in maternal mortality*. Geneva, World Health Organization, 2010.
- 11) Khan KS et al. WHO analysis of causes of maternal death: a systematic review. *The Lancet*, 2006, 367:1066–1074.
- 12) Ferlay J et al. Estimates of worldwide burden of cancer in 2008: Globocan 2008. *International Journal of Cancer*, 2010, 127:2893–2917.
- 13) Danaei G et al. National, regional, and global trends in systolic blood pressure since 1980: systematic analysis of health examination surveys and epidemiological studies with 786 country-years and 5.4 million participants. *The Lancet*, 2011, 377:568–577.
- 14) Danaei G et al. National, regional, and global trends in fasting plasma glucose and diabetes prevalence since 1980: Systematic analysis of health examination surveys and epidemiological studies with 370 country-years and 2.7 million participants. *The Lancet*, 2011, 378:31–40.
- 15) Finucane MM et al. National, regional, and global trends in body-mass index since 1980: systematic analysis of health examination surveys and epidemiological studies with 960 country-years and 9.1 million participants. *The Lancet*, 2011, 377:557–567.
- 16) Farzadfar F et al. National, regional, and global trends in serum total cholesterol since 1980: systematic analysis of health examination surveys and epidemiological studies with 321 country-years and 3.0 million participants. *The Lancet*, 2011, 377:578–586.
- 17) *WHO report on the global tobacco epidemic, 2011*. Geneva, World Health Organization, 2011.



# Afghanistan

2010 total population: 31 411 743

Income group: Low

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	75.8	50.8
NCD deaths under age 60 (percent of all NCD deaths)	63.2	51.0
Age-standardized death rate per 100 000		
All NCDs	1285.0	952.7
Cancers	108.4	96.8
Chronic respiratory diseases	88.5	54.7
Cardiovascular diseases and diabetes	765.2	578.2

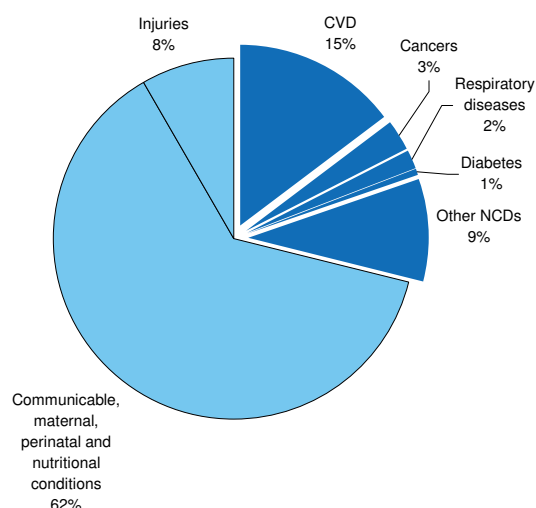
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	...	...	...
Physical inactivity	...	...	...

## Metabolic risk factors

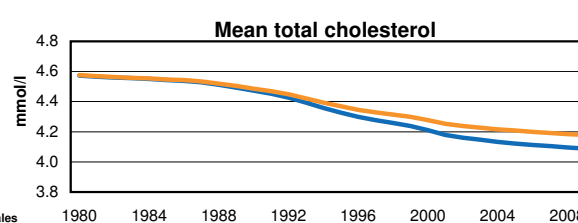
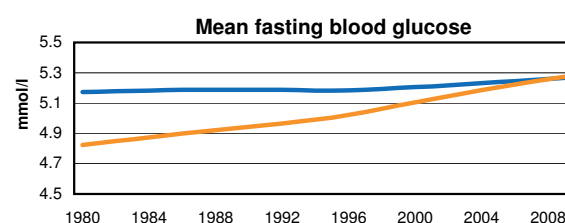
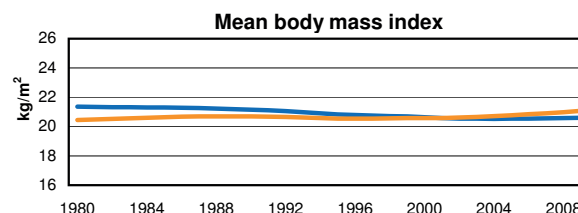
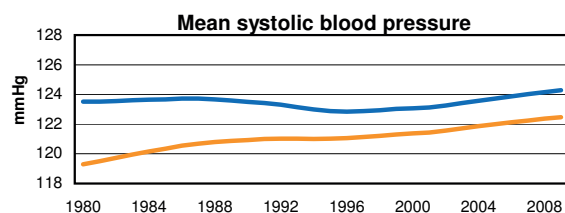
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 29% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	No	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

World Health Organization - NCD Country Profiles, 2011.



# Albania

2010 total population: 3 204 284

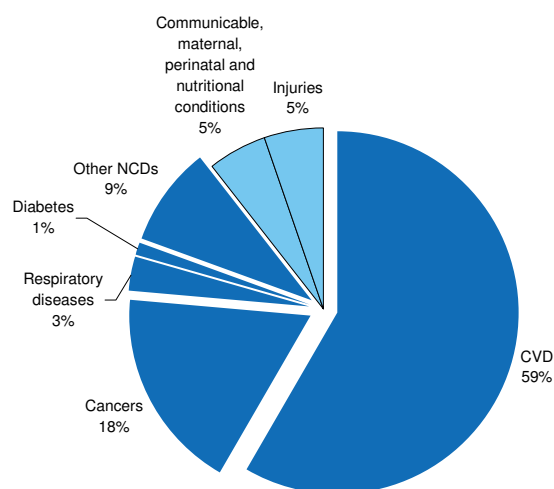
Income group: Lower middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	11.2	13.7
NCD deaths under age 60 (percent of all NCD deaths)	18.6	11.9
<i>Age-standardized death rate per 100 000</i>		
All NCDs	755.0	623.2
Cancers	171.6	126.3
Chronic respiratory diseases	29.0	17.6
Cardiovascular diseases and diabetes	468.6	417.2

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	37.7	2.5	19.6
Physical inactivity	...	...	...

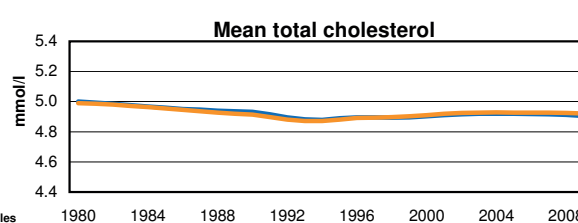
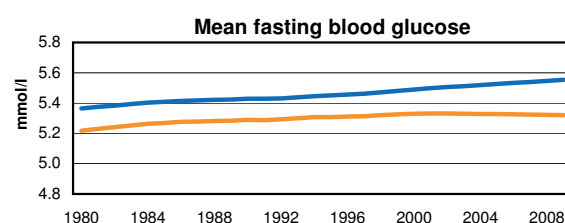
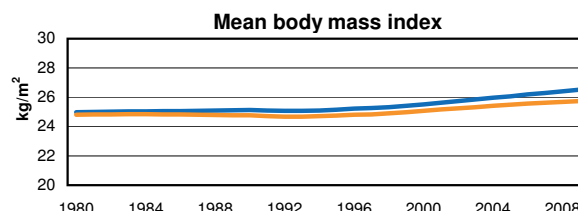
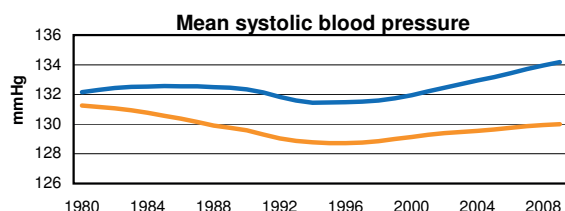
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	49.3	43.5	46.3
Raised blood glucose	...	...	...
Overweight	60.5	48.5	54.4
Obesity	21.8	20.8	21.3
Raised cholesterol	46.8	45.4	46.1

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 89% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	No	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:			
NCD treatment and control	Yes		Cardiovascular diseases
NCD prevention and health promotion	Yes		Cancer
NCD surveillance, monitoring and evaluation	Yes		Chronic respiratory diseases
			Diabetes
			Alcohol
National health reporting system includes:			Unhealthy diet / Overweight / Obesity
NCD cause-specific mortality	Yes		Physical inactivity
NCD morbidity	Yes		Tobacco
NCD risk factors	Yes		
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available





# Algeria

2010 total population: 35 468 208

Income group: Upper middle

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	53.5	55.5
NCD deaths under age 60 (percent of all NCD deaths)	32.8	28.6
Age-standardized death rate per 100 000		
All NCDs	556.0	472.4
Cancers	97.7	79.2
Chronic respiratory diseases	74.7	38.9
Cardiovascular diseases and diabetes	278.6	275.0

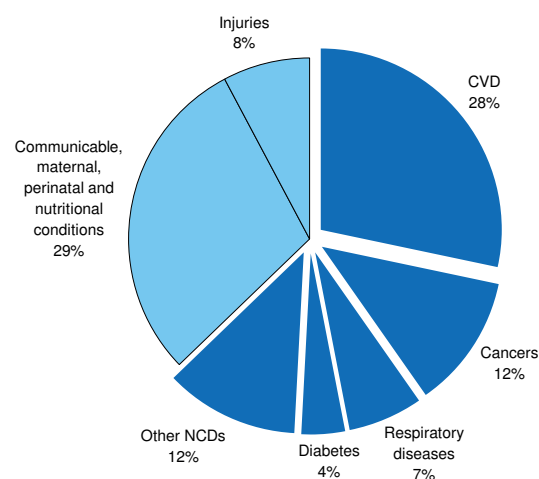
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	24.8	0.2	12.5
Physical inactivity	30.8	47.6	39.2

## Metabolic risk factors

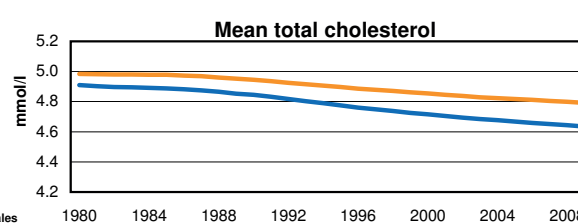
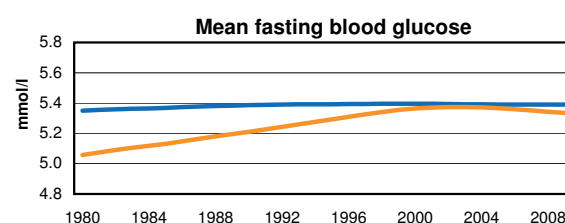
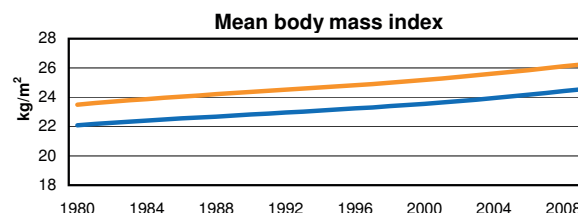
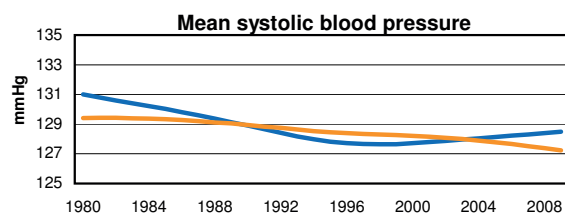
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	38.3	37.6	38.0
Raised blood glucose	7.9	8.2	8.0
Overweight	39.1	51.8	45.5
Obesity	9.6	22.4	16.0
Raised cholesterol	36.6	40.5	38.5

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 63% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	No	Physical inactivity	Yes**
NCD risk factors	No	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

\*\* = covered by integrated policy/programme/action plan

# Andorra

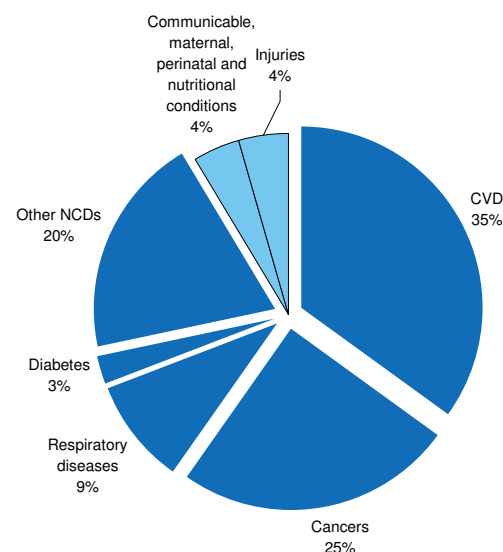
2010 total population: 84 864  
Income group: High

NCD mortality*			
<i>2008 estimates</i>			
Total NCD deaths (000s)	males	females	
	0.3	0.3	
NCD deaths under age 60 (percent of all NCD deaths)	13.9	7.2	
<i>Age-standardized death rate per 100 000</i>			
All NCDs	414.2	226.2	
Cancers	143.8	70.0	
Chronic respiratory diseases	46.2	15.2	
Cardiovascular diseases and diabetes	145.9	86.7	

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	29.9	20.1	24.9
Physical inactivity	...	...	...

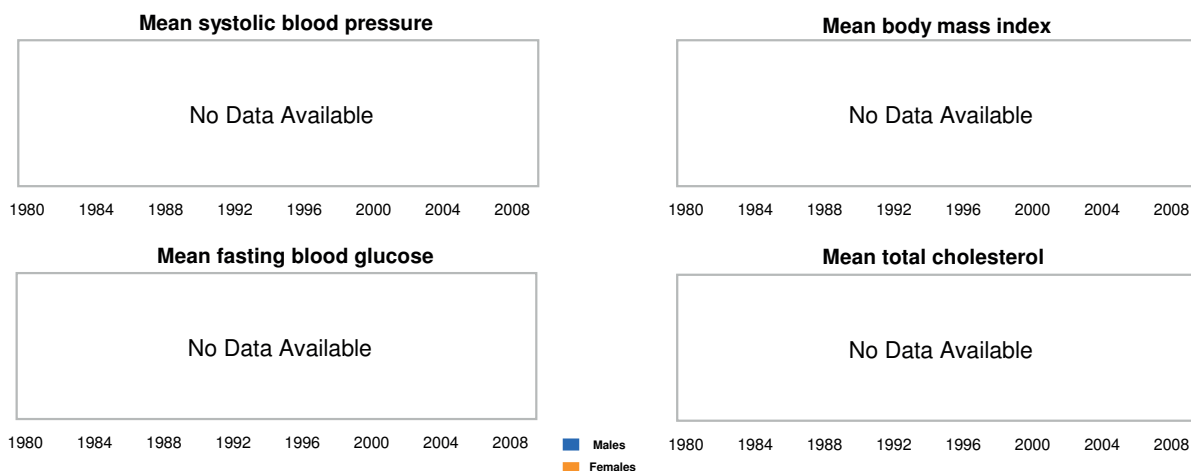
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 91% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
<i>National health reporting system includes:</i>		Alcohol	Yes
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	Yes
NCD risk factors	No	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available



# Angola

2010 total population: 19 081 912

Income group: Lower middle

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	29.1	31.1
NCD deaths under age 60 (percent of all NCD deaths)	50.4	47.8
Age-standardized death rate per 100 000		
All NCDs	892.3	800.6
Cancers	88.2	83.4
Chronic respiratory diseases	133.2	75.1
Cardiovascular diseases and diabetes	476.7	488.5

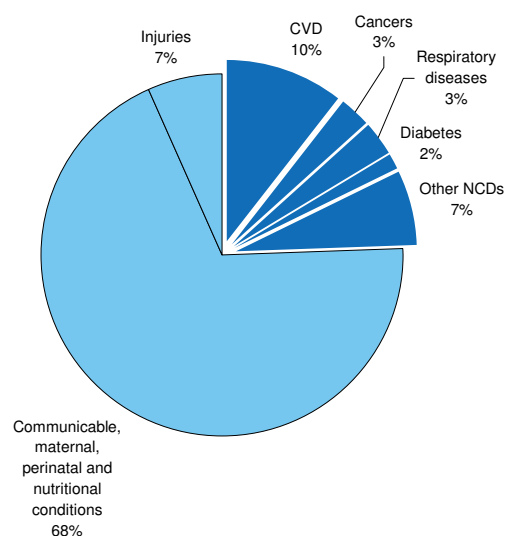
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	...	...	...
Physical inactivity	...	...	...

## Metabolic risk factors

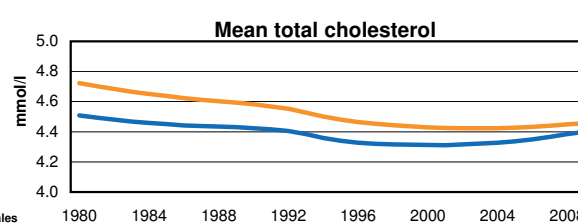
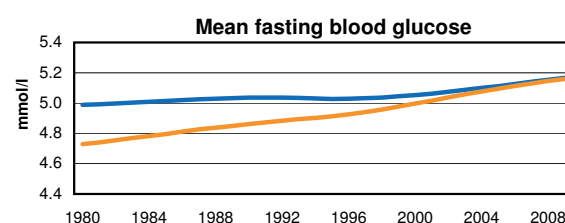
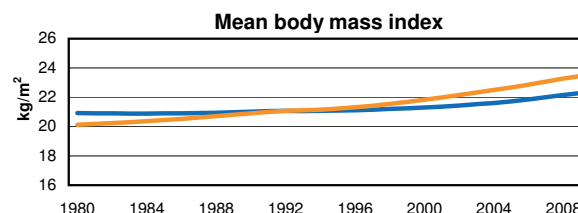
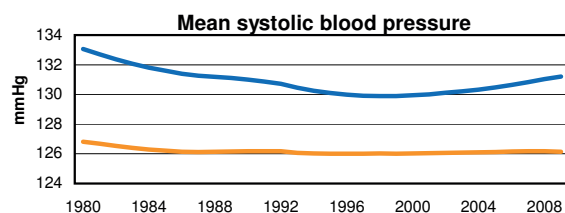
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 25% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	No	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	No	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

World Health Organization - NCD Country Profiles, 2011.

# Antigua and Barbuda

2010 total population: 88 710

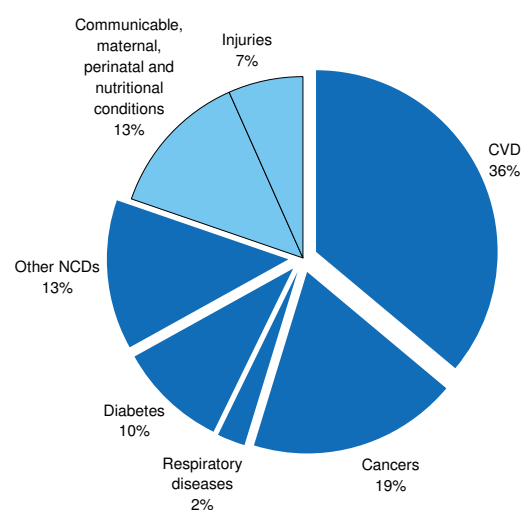
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.2	0.2
NCD deaths under age 60 (percent of all NCD deaths)	29.9	29.9
<i>Age-standardized death rate per 100 000</i>		
All NCDs	544.1	510.9
Cancers	123.0	134.3
Chronic respiratory diseases	19.3	14.3
Cardiovascular diseases and diabetes	301.4	283.1

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
	males	females	total
Current daily tobacco smoking	...	...	...
Physical inactivity	...	...	...

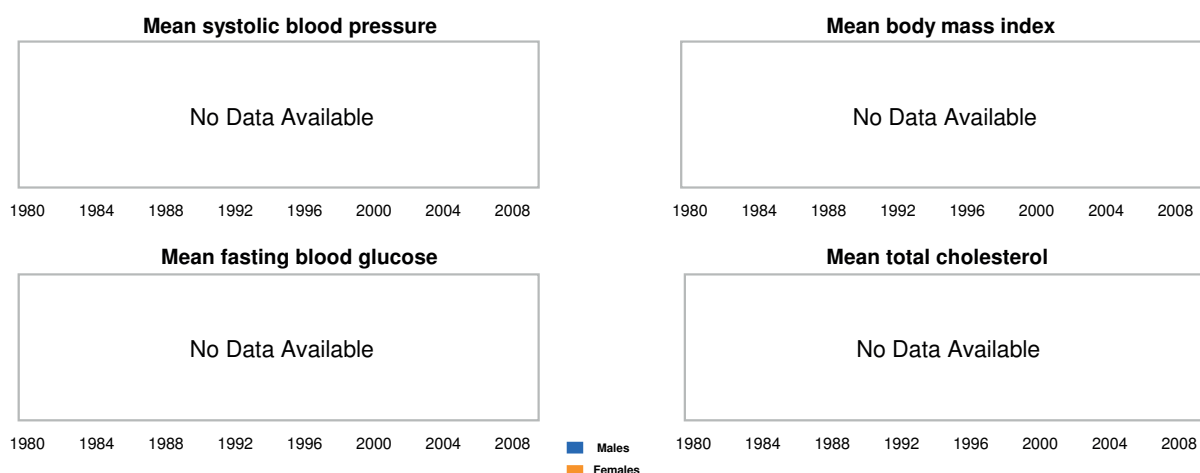
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
	males	females	total
Raised blood pressure	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 80% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs			
Has a Unit / Branch / Dept in MOH with responsibility for NCDs	ND	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	ND
NCD treatment and control	ND	Cancer	ND
NCD prevention and health promotion	ND	Chronic respiratory diseases	ND
NCD surveillance, monitoring and evaluation	ND	Diabetes	ND
		Alcohol	ND
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	ND
NCD cause-specific mortality	ND	Physical inactivity	ND
NCD morbidity	ND	Tobacco	ND
NCD risk factors	ND		
Has a national, population-based cancer registry	ND	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

ND = Country did not respond to country capacity survey



# Argentina

2010 total population: 40 412 376

Income group: Upper middle

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	128.7	130.0
NCD deaths under age 60 (percent of all NCD deaths)	21.3	13.6
Age-standardized death rate per 100 000		
All NCDs	612.7	365.5
Cancers	167.7	107.0
Chronic respiratory diseases	73.0	41.0
Cardiovascular diseases and diabetes	263.0	152.8

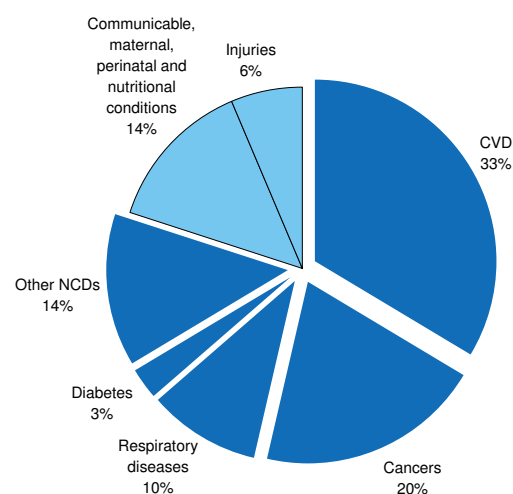
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	26.4	21.0	23.6
Physical inactivity	65.6	72.0	68.9

## Metabolic risk factors

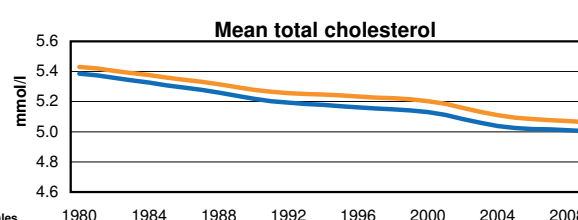
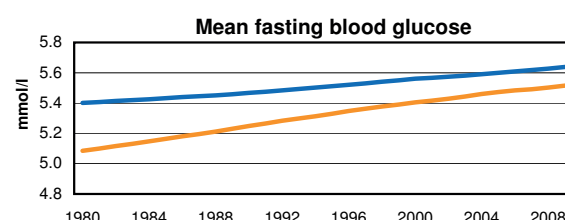
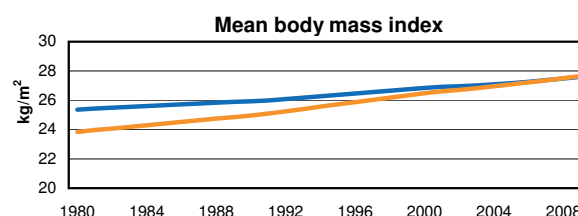
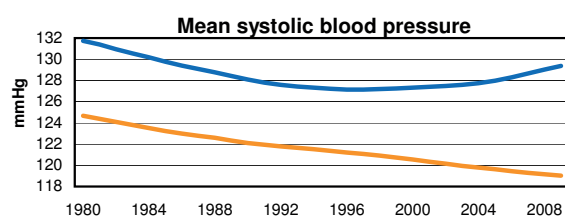
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	41.8	32.0	36.7
Raised blood glucose	11.0	11.1	11.1
Overweight	66.3	62.2	64.2
Obesity	27.1	32.0	29.7
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 80% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	NR
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	Yes
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available

NR = Country replied to survey but did not give a response to specific question

# Armenia

2010 total population: 3 092 072

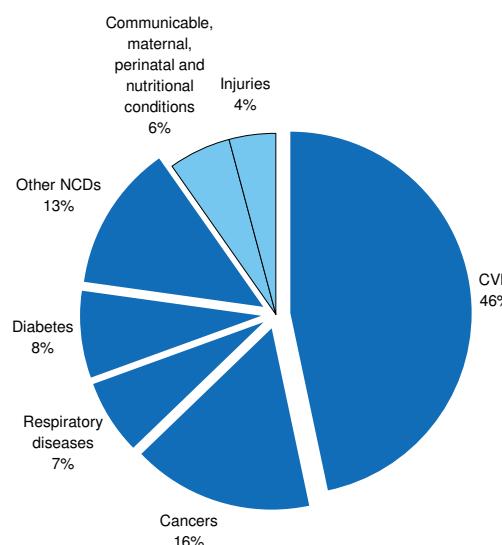
Income group: Lower middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	18.6	19.2
NCD deaths under age 60 (percent of all NCD deaths)	20.1	11.6
<i>Age-standardized death rate per 100 000</i>		
All NCDs	1156.1	693.0
Cancers	231.5	130.6
Chronic respiratory diseases	76.7	53.7
Cardiovascular diseases and diabetes	709.3	387.8

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	53.8	1.9	25.2
Physical inactivity	...	...	...

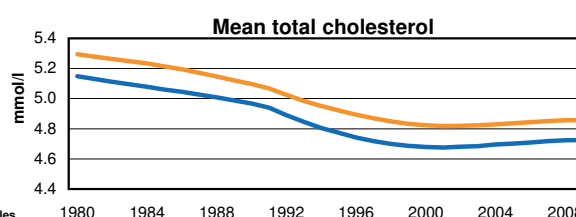
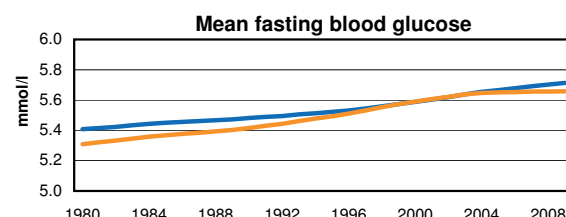
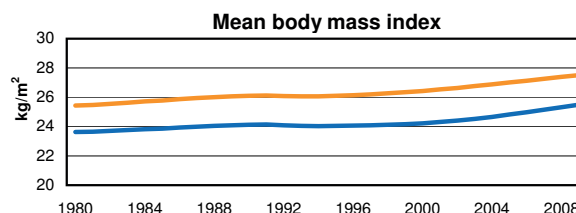
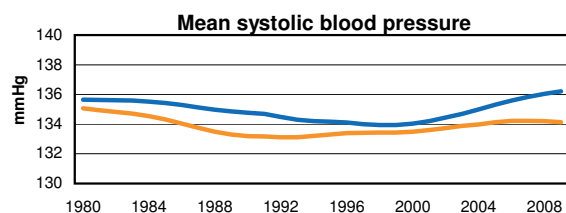
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	51.5	50.1	50.7
Raised blood glucose	...	...	...
Overweight	48.6	60.9	55.5
Obesity	14.3	31.7	24.0
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 90% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

\*\* = covered by integrated policy/programme/action plan



# Australia

2010 total population: 22 268 384

Income group: High

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	63.4	63.2
NCD deaths under age 60 (percent of all NCD deaths)	13.4	9.2
Age-standardized death rate per 100 000		
All NCDs	364.8	246.3
Cancers	140.8	92.9
Chronic respiratory diseases	25.6	15.5
Cardiovascular diseases and diabetes	136.3	88.6

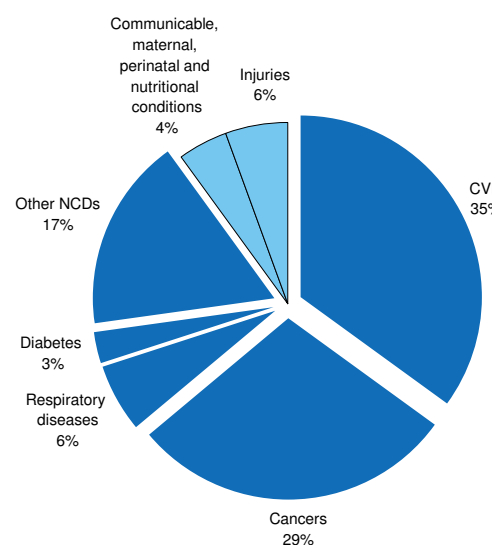
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	18.3	15.4	16.8
Physical inactivity	38.0	42.5	40.3

## Metabolic risk factors

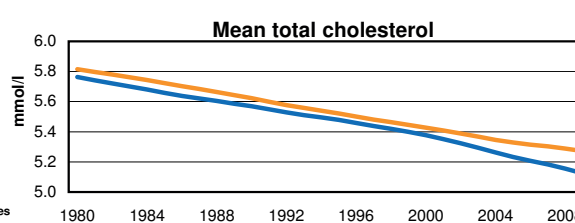
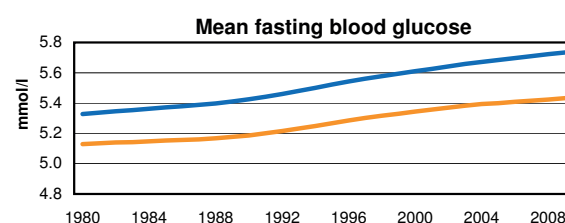
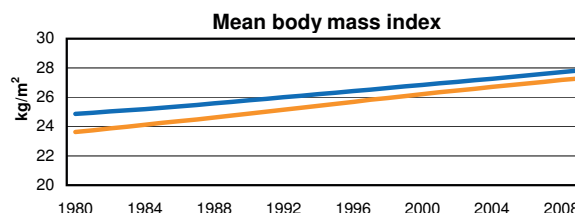
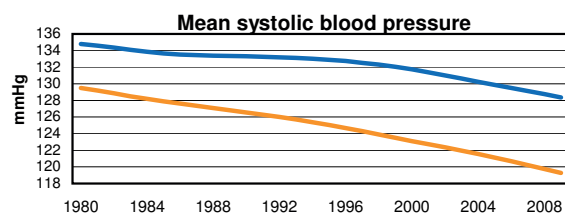
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	41.1	32.0	36.4
Raised blood glucose	10.8	8.0	9.4
Overweight	68.2	59.3	63.7
Obesity	26.4	27.1	26.8
Raised cholesterol	55.9	58.9	57.4

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 90% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs **Yes**

There is funding available for:

NCD treatment and control **Yes**

NCD prevention and health promotion **Yes**

NCD surveillance, monitoring and evaluation **Yes**

National health reporting system includes:

NCD cause-specific mortality **Yes**

NCD morbidity **Yes**

NCD risk factors **Yes**

Has a national, population-based cancer registry **Yes**

Has an integrated or topic-specific policy / programme / action plan which is currently operational for:

Cardiovascular diseases **No**

Cancer **Yes**

Chronic respiratory diseases **No**

Diabetes **No**

Alcohol **Yes**

Unhealthy diet / Overweight / Obesity **Yes**

Physical inactivity **Yes**

Tobacco **Yes**

Number of tobacco (m)POWER measures implemented at the highest level of achievement **3/5**

# Austria

2010 total population: 8 393 644

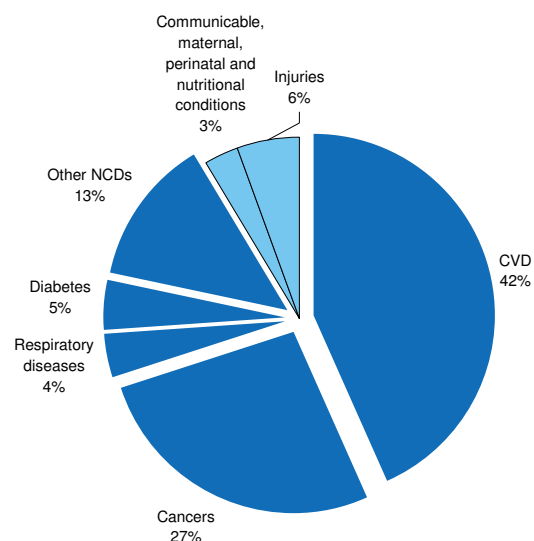
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	30.9	36.7
NCD deaths under age 60 (percent of all NCD deaths)	14.3	6.8
<i>Age-standardized death rate per 100 000</i>		
All NCDs	437.2	273.3
Cancers	153.5	94.8
Chronic respiratory diseases	22.0	9.4
Cardiovascular diseases and diabetes	188.2	124.1

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	40.6	39.2	39.8
Physical inactivity	32.1	40.3	36.3

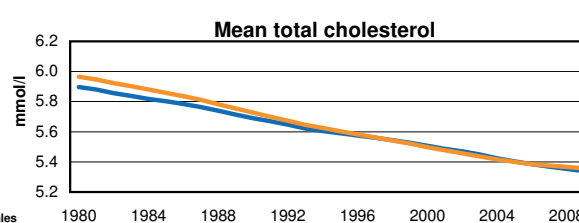
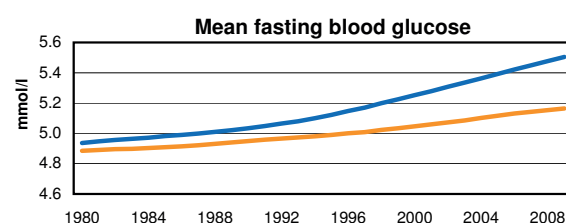
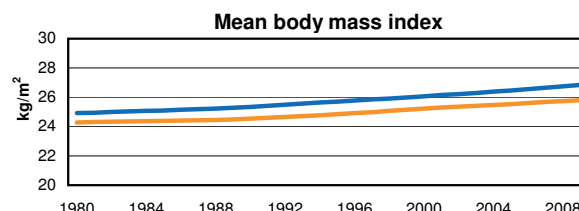
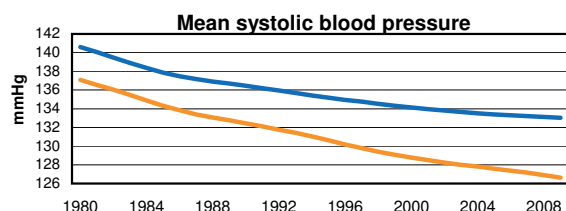
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	46.2	41.4	43.8
Raised blood glucose	8.1	6.1	7.1
Overweight	60.1	48.5	54.1
Obesity	21.0	20.9	20.9
Raised cholesterol	62.8	61.6	62.2

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 91% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	ND	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	ND
NCD treatment and control	ND	Cancer	ND
NCD prevention and health promotion	ND	Chronic respiratory diseases	ND
NCD surveillance, monitoring and evaluation	ND	Diabetes	ND
National health reporting system includes:		Alcohol	ND
NCD cause-specific mortality	ND	Unhealthy diet / Overweight / Obesity	ND
NCD morbidity	ND	Physical inactivity	ND
NCD risk factors	ND	Tobacco	ND
Has a national, population-based cancer registry	ND	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

ND = Country did not respond to country capacity survey





# Azerbaijan

2010 total population: 9 187 783

Income group: Lower middle

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	30.3	36.0
NCD deaths under age 60 (percent of all NCD deaths)	32.4	19.7
Age-standardized death rate per 100 000		
All NCDs	998.7	846.9
Cancers	154.9	120.9
Chronic respiratory diseases	40.1	30.8
Cardiovascular diseases and diabetes	655.3	582.9

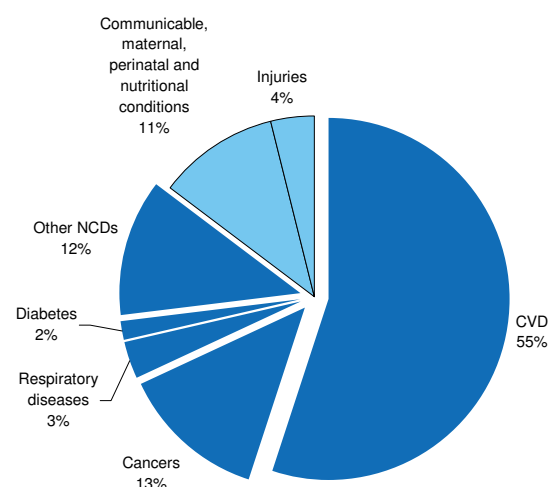
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	...	0.4	...
Physical inactivity	...	...	...

## Metabolic risk factors

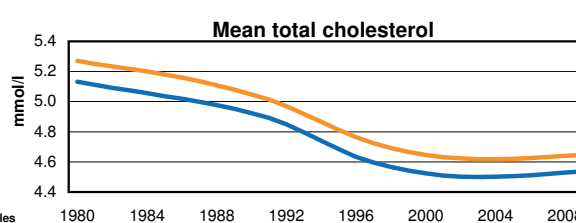
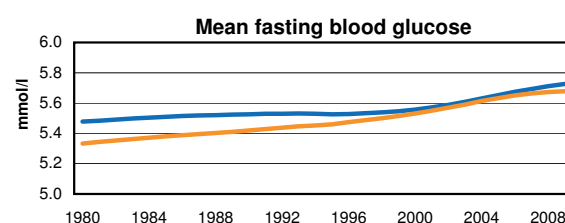
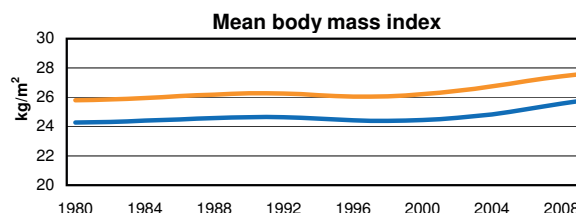
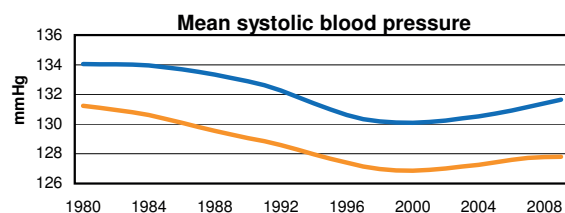
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	43.7	39.8	41.6
Raised blood glucose	...	...	...
Overweight	50.6	61.0	56.1
Obesity	15.1	31.4	23.8
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 85% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	No	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

# Bahamas

2010 total population: 342 877

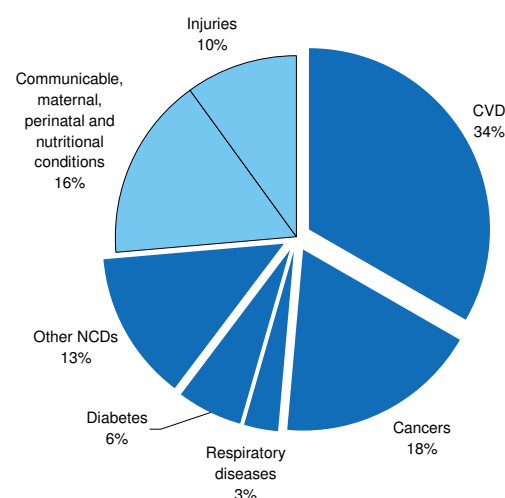
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.7	0.6
NCD deaths under age 60	38.7	31.0
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	530.1	372.6
Cancers	130.5	94.9
Chronic respiratory diseases	27.5	12.4
Cardiovascular diseases and diabetes	274.4	205.6

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	...	...	...
Physical inactivity	...	...	...

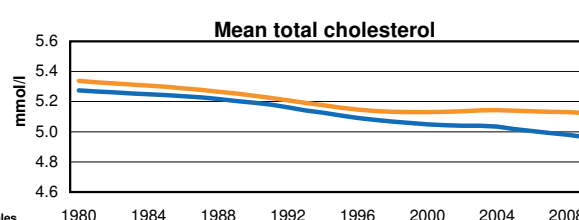
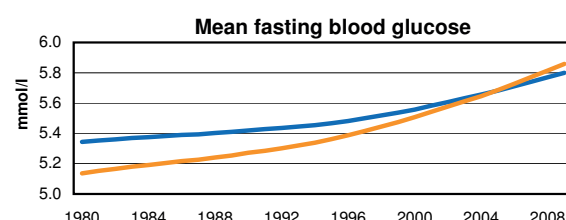
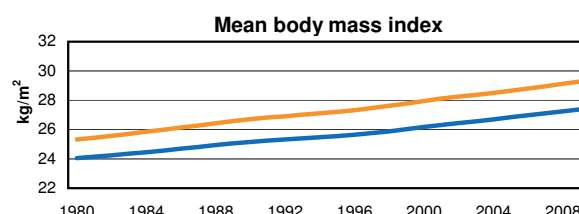
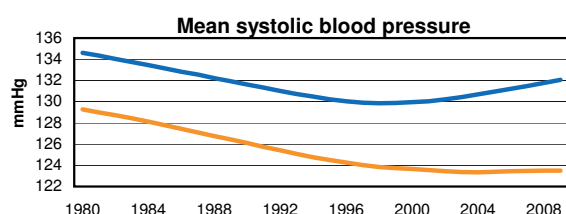
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 74% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	ND	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	ND
NCD treatment and control	ND	Cancer	ND
NCD prevention and health promotion	ND	Chronic respiratory diseases	ND
NCD surveillance, monitoring and evaluation	ND	Diabetes	ND
National health reporting system includes:		Alcohol	ND
NCD cause-specific mortality	ND	Unhealthy diet / Overweight / Obesity	ND
NCD morbidity	ND	Physical inactivity	ND
NCD risk factors	ND	Tobacco	ND
Has a national, population-based cancer registry	ND	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

ND = Country did not respond to country capacity survey



# Bahrain

2010 total population: 1 261 835

Income group: High

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	1.1	0.7
NCD deaths under age 60 (percent of all NCD deaths)	46.4	32.4
Age-standardized death rate per 100 000		
All NCDs	641.9	551.8
Cancers	98.4	85.2
Chronic respiratory diseases	60.9	36.4
Cardiovascular diseases and diabetes	357.0	311.3

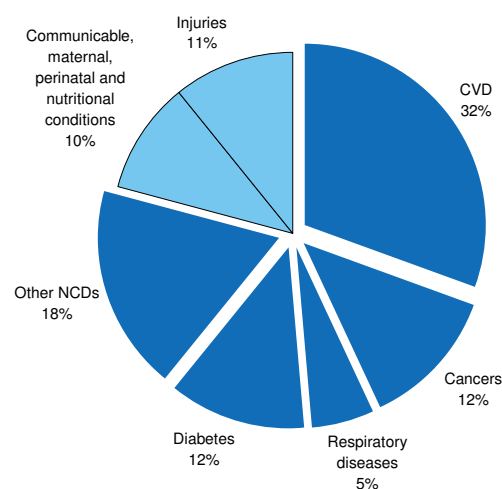
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	31.4	6.2	21.2
Physical inactivity	...	...	...

## Metabolic risk factors

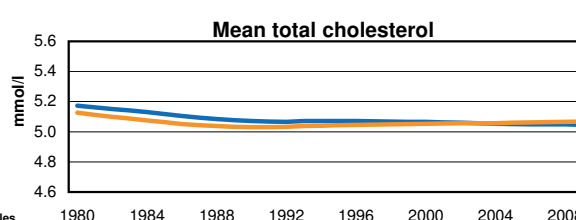
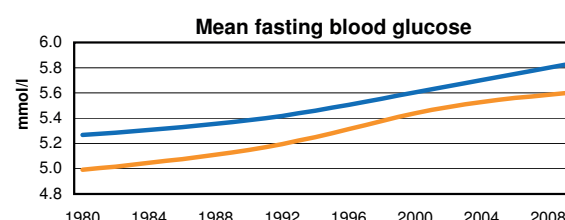
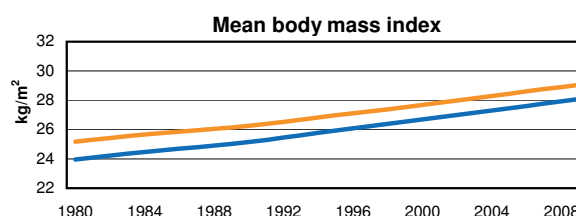
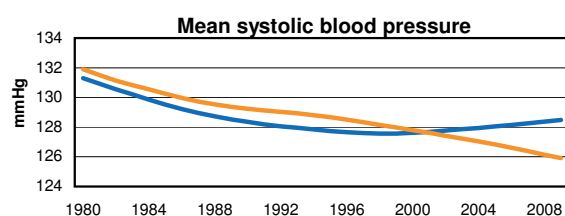
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	38.3	35.3	37.1
Raised blood glucose	11.6	10.2	11.0
Overweight	70.9	70.3	70.6
Obesity	29.5	38.0	32.9
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 79% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available

\*\* = covered by integrated policy/programme/action plan

# Bangladesh

2010 total population: 148 692 131

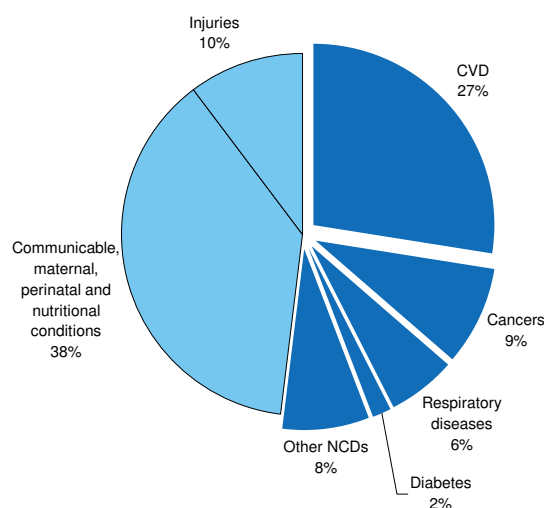
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	313.3	285.5
NCD deaths under age 60	37.5	38.7
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	747.7	648.1
Cancers	104.7	106.7
Chronic respiratory diseases	91.5	73.1
Cardiovascular diseases and diabetes	446.9	387.5

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	40.0	2.1	21.2
Physical inactivity	2.9	6.5	4.7

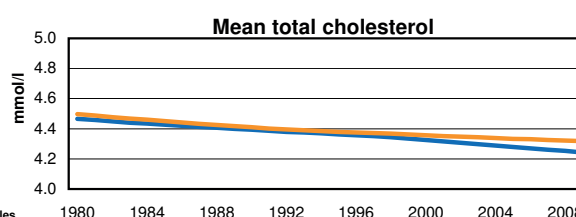
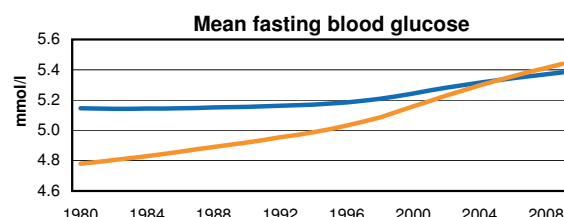
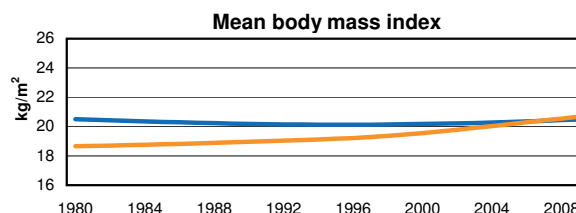
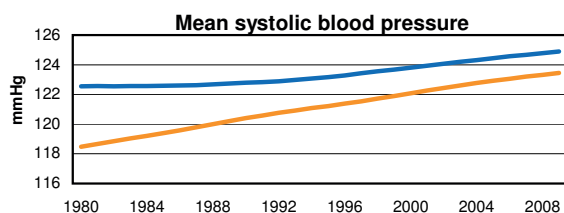
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	8.0	8.7	8.4
Overweight	7.4	7.8	7.6
Obesity	0.9	1.3	1.1
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 52% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

\*\* = covered by integrated policy/programme/action plan



# Barbados

2010 total population: 273 331

Income group: High

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	0.8	0.8
NCD deaths under age 60 (percent of all NCD deaths)	22.7	17.3
Age-standardized death rate per 100 000		
All NCDs	633.2	363.1
Cancers	193.9	100.4
Chronic respiratory diseases	34.6	10.1
Cardiovascular diseases and diabetes	293.2	173.9

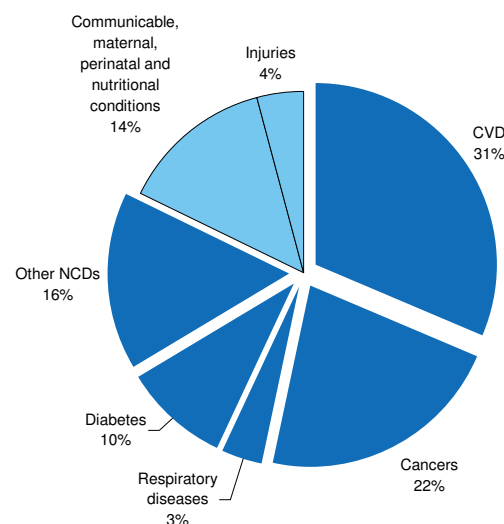
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	9.1	0.9	4.9
Physical inactivity	38.3	57.1	48.1

## Metabolic risk factors

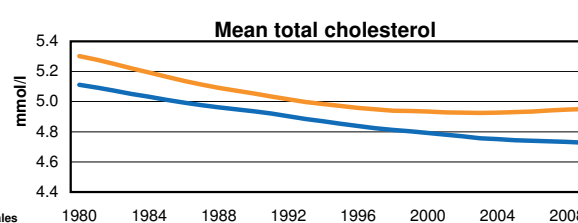
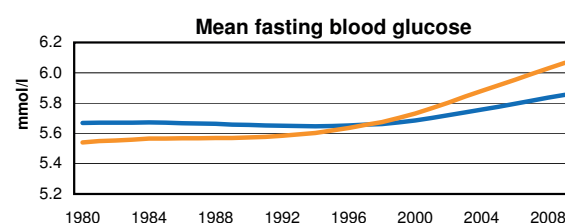
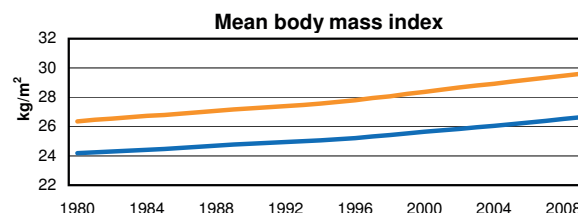
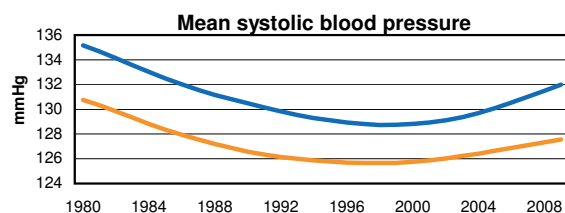
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	44.5	42.0	43.2
Raised blood glucose	12.8	16.3	14.6
Overweight	62.1	76.7	69.7
Obesity	22.5	45.9	34.7
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 82% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available

\*\* = covered by integrated policy/programme/action plan

# Belarus

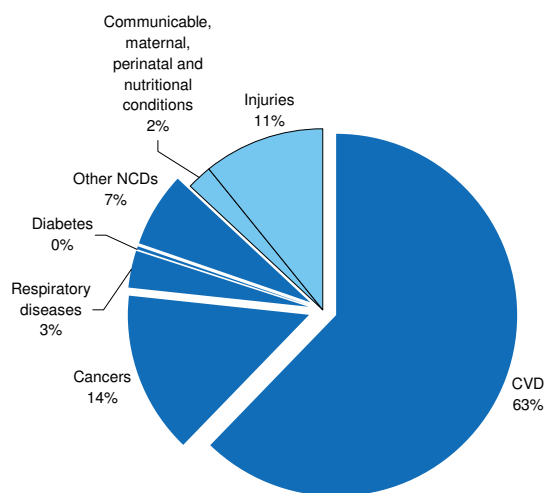
2010 total population: 9 595 421  
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	55.8	58.5
NCD deaths under age 60 (percent of all NCD deaths)	29.1	11.2
<i>Age-standardized death rate per 100 000</i>		
All NCDs	1066.5	517.7
Cancers	206.4	87.5
Chronic respiratory diseases	58.2	10.5
Cardiovascular diseases and diabetes	701.0	370.6

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	58.7	13.6	34.2
Physical inactivity	...	...	...

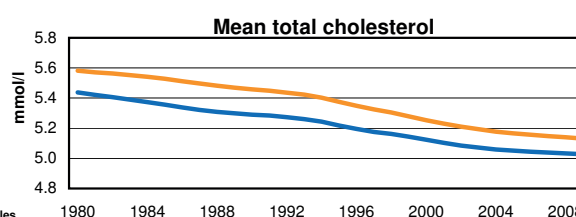
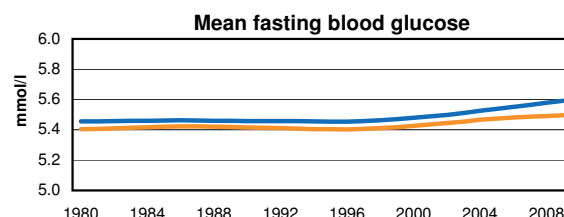
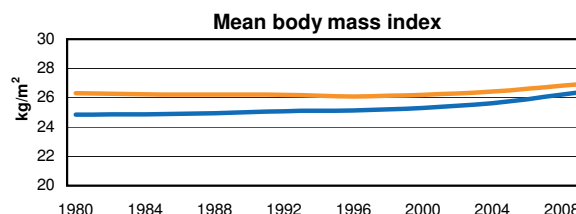
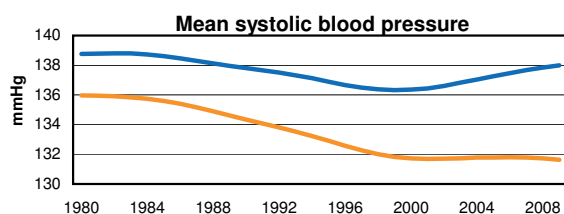
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	52.0	49.5	50.6
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 87% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	No	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

\*\* = covered by integrated policy/programme/action plan



# Belgium

2010 total population: 10 712 066

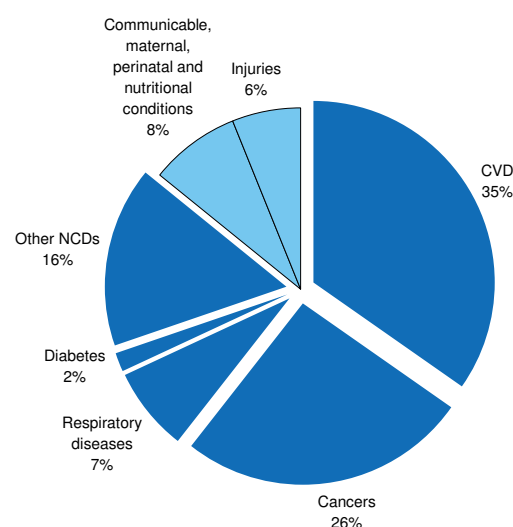
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	42.3	42.8
NCD deaths under age 60 (percent of all NCD deaths)	14.0	8.7
<i>Age-standardized death rate per 100 000</i>		
All NCDs	439.1	266.4
Cancers	163.3	93.2
Chronic respiratory diseases	42.6	16.9
Cardiovascular diseases and diabetes	161.3	102.0

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	21.2	18.5	19.8
Physical inactivity	43.6	49.4	46.6

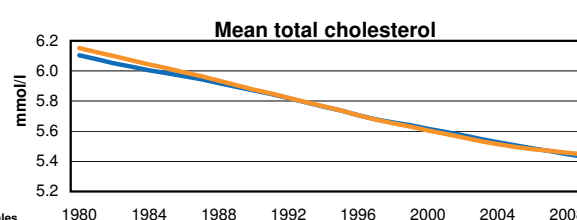
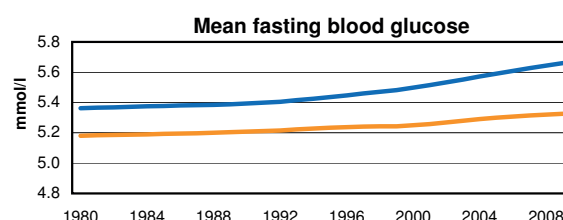
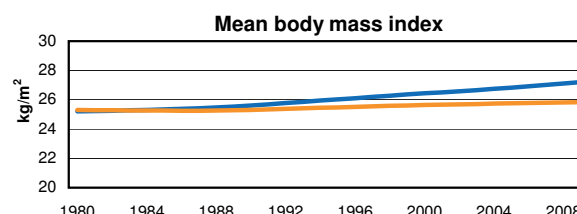
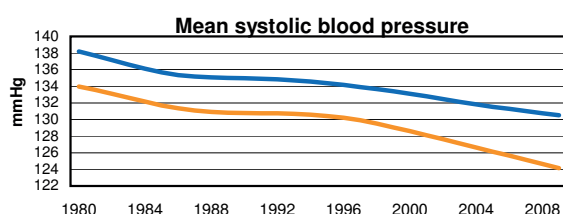
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	43.9	38.8	41.2
Raised blood glucose	...	...	...
Overweight	63.4	49.9	56.4
Obesity	23.3	21.0	22.1
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 86% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	2/5

... = no data available

\*\* = covered by integrated policy/programme/action plan

# Belize

2010 total population: 311 627

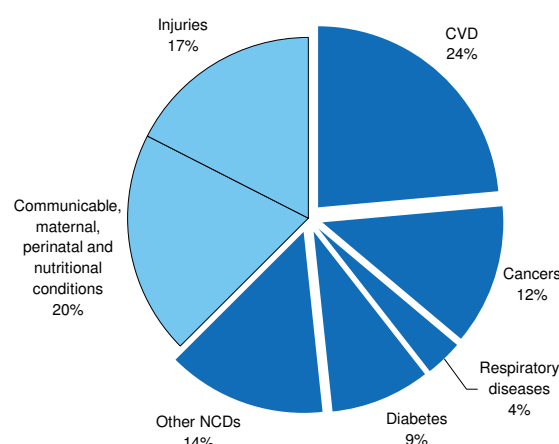
Income group: Lower middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.4	0.4
NCD deaths under age 60	34.2	31.0
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	507.4	455.4
Cancers	110.9	90.9
Chronic respiratory diseases	42.4	14.4
Cardiovascular diseases and diabetes	248.9	262.8

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	7.2	0.4	3.9
Physical inactivity	...	...	...

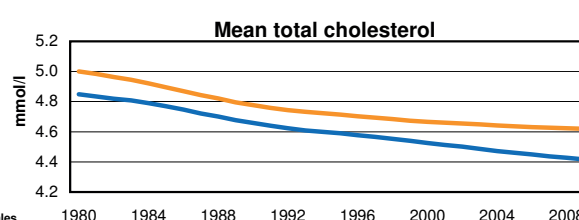
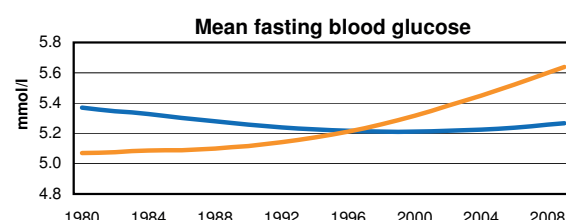
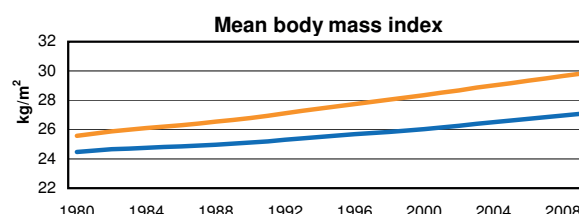
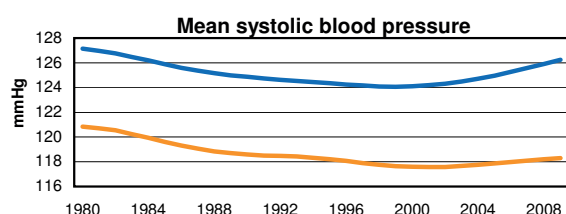
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	35.9	27.4	31.7
Raised blood glucose	7.4	10.8	9.1
Overweight	64.3	75.3	69.8
Obesity	23.7	43.8	33.7
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 62% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
		Alcohol	No
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	Yes
NCD cause-specific mortality	Yes	Physical inactivity	No
NCD morbidity	Yes	Tobacco	Yes
NCD risk factors	Yes		
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available





# Benin

2010 total population: 8 849 892

Income group: Low

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	15.8	16.1
NCD deaths under age 60 (percent of all NCD deaths)	49.4	36.7
Age-standardized death rate per 100 000		
All NCDs	885.5	731.3
Cancers	84.4	94.7
Chronic respiratory diseases	130.7	65.3
Cardiovascular diseases and diabetes	472.4	437.1

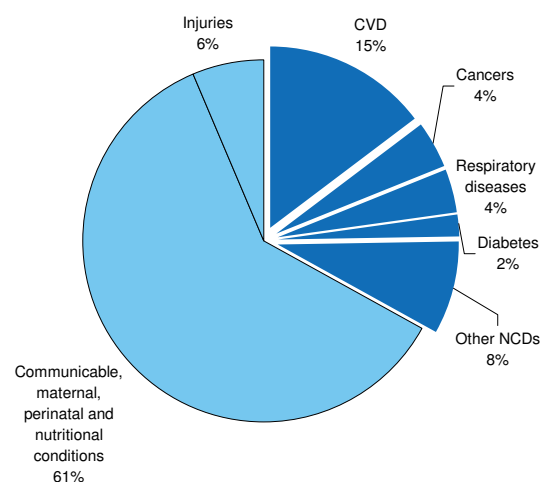
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	11.7	0.7	6.2
Physical inactivity	6.1	9.9	8.0

## Metabolic risk factors

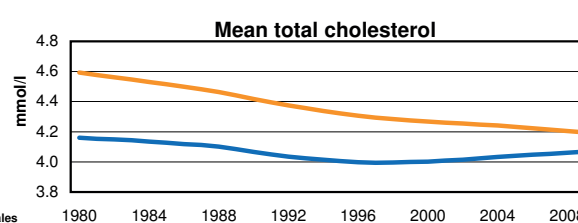
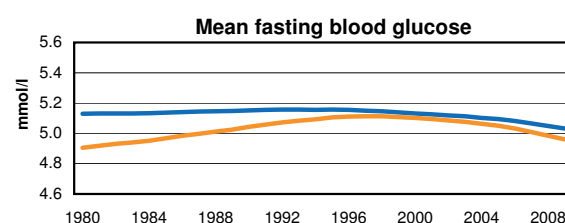
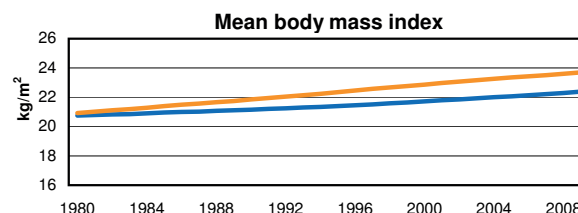
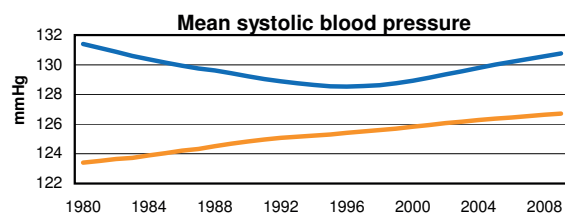
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	40.4	37.0	38.7
Raised blood glucose	5.5	5.6	5.6
Overweight	19.0	29.9	24.5
Obesity	3.2	8.8	6.0
Raised cholesterol	18.6	20.5	19.6

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 33% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	No	Physical inactivity	Yes**
NCD risk factors	No	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

\*\* = covered by integrated policy/programme/action plan

# Bhutan

2010 total population: 725 940

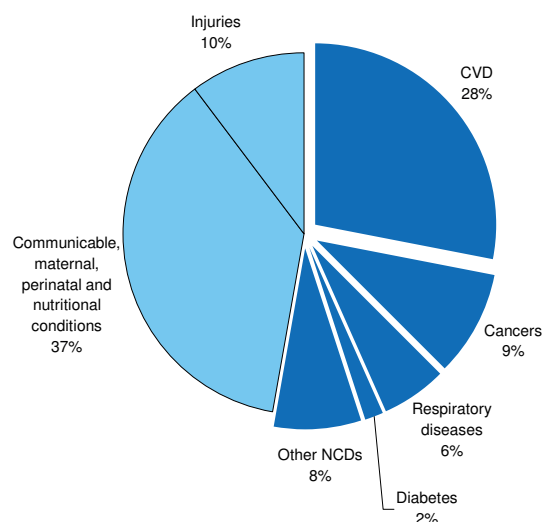
Income group: Lower middle

NCD mortality*		
2008 estimates		
	males	females
Total NCD deaths (000s)	1.7	1.4
NCD deaths under age 60 (percent of all NCD deaths)	32.5	32.6
Age-standardized death rate per 100 000		
All NCDs	793.2	654.6
Cancers	131.2	118.4
Chronic respiratory diseases	92.8	71.8
Cardiovascular diseases and diabetes	465.0	381.3

Behavioural risk factors			
2008 estimated prevalence (%)			
	males	females	total
Current daily tobacco smoking	...	...	...
Physical inactivity	41.2	63.5	51.5

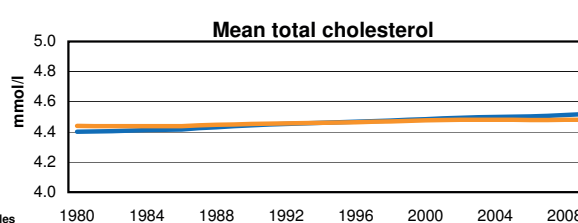
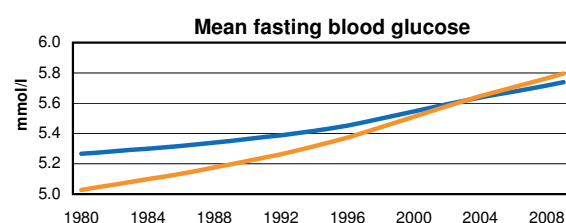
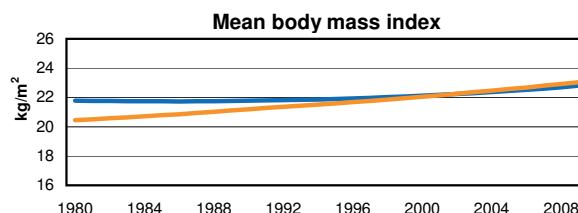
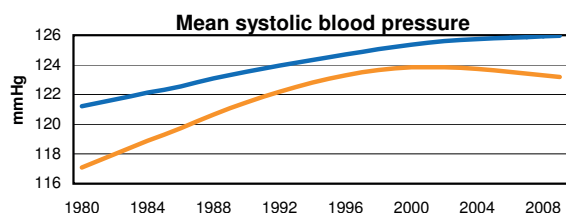
Metabolic risk factors			
2008 estimated prevalence (%)			
	males	females	total
Raised blood pressure	35.6	33.3	34.6
Raised blood glucose	10.6	11.6	11.1
Overweight	23.0	24.0	23.4
Obesity	4.3	6.4	5.3
Raised cholesterol	32.0	29.3	30.7

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 53% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available



# Bolivia (Plurinational State of)

2010 total population: 9 929 849

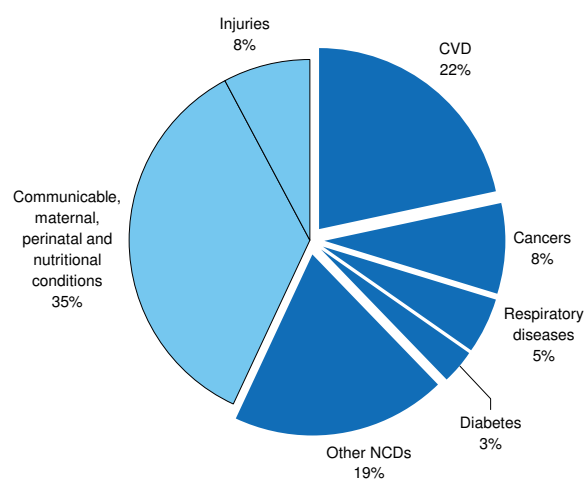
Income group: Lower middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	19.0	18.2
NCD deaths under age 60 (percent of all NCD deaths)	30.7	25.1
<i>Age-standardized death rate per 100 000</i>		
All NCDs	710.8	563.0
Cancers	77.4	93.4
Chronic respiratory diseases	69.0	44.1
Cardiovascular diseases and diabetes	316.6	264.0

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	33.4	26.6	29.9
Physical inactivity	...	...	...

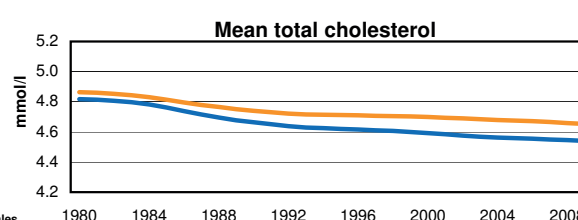
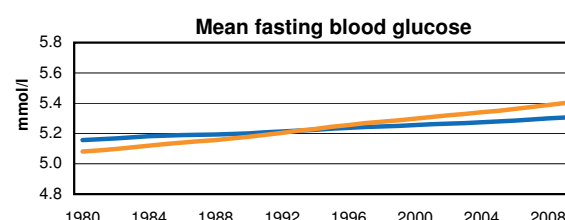
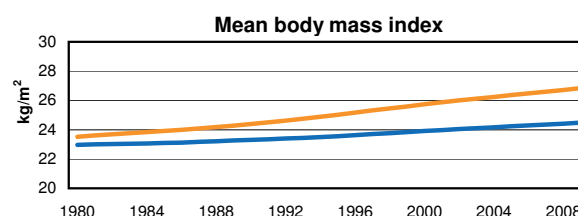
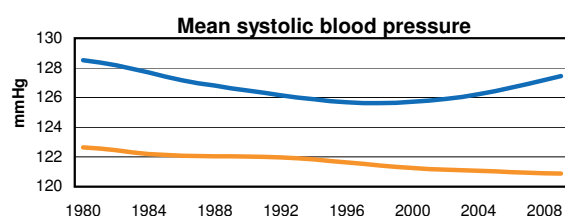
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	39.3	57.3	48.5
Obesity	9.6	25.9	17.9
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 57% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes**
NCD treatment and control	No	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes**
<i>National health reporting system includes:</i>		Alcohol	Yes**
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	NR	Physical inactivity	Yes**
NCD risk factors	NR	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

\*\* = covered by integrated policy/programme/action plan

NR = Country replied to survey but did not give a response to specific question

# Bosnia and Herzegovina

2010 total population: 3 760 149

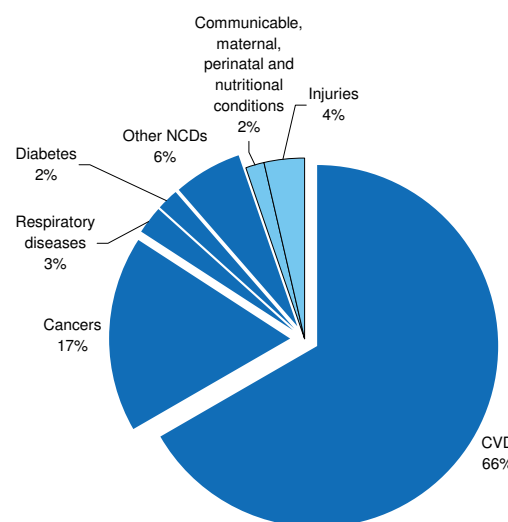
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	15.9	17.6
NCD deaths under age 60 (percent of all NCD deaths)	22.1	10.5
<i>Age-standardized death rate per 100 000</i>		
All NCDs	644.8	491.2
Cancers	145.7	73.3
Chronic respiratory diseases	20.8	12.7
Cardiovascular diseases and diabetes	425.1	372.7

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	42.8	29.5	35.8
Physical inactivity	31.5	39.2	35.5

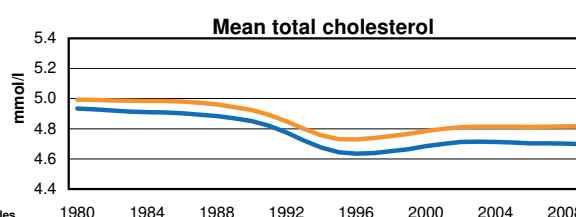
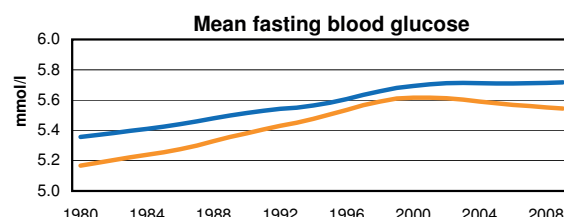
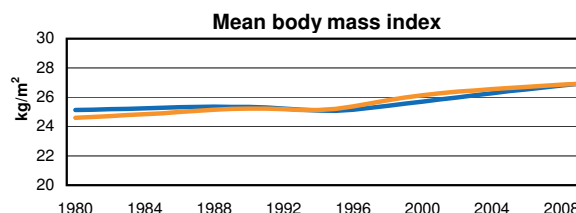
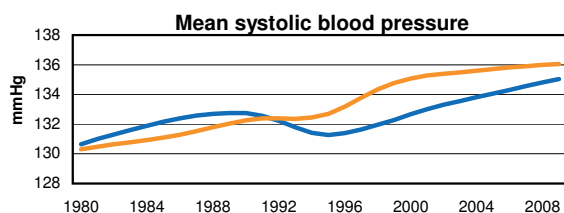
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	49.9	53.4	51.7
Raised blood glucose	...	...	...
Overweight	63.7	58.0	60.7
Obesity	23.8	28.9	26.5
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 95% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	Yes
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available



# Botswana

2010 total population: 2 006 945

Income group: Upper middle

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	2.9	3.2
NCD deaths under age 60 (percent of all NCD deaths)	39.4	38.9
Age-standardized death rate per 100 000		
All NCDs	676.4	545.9
Cancers	68.6	54.1
Chronic respiratory diseases	100.8	50.9
Cardiovascular diseases and diabetes	361.0	330.8

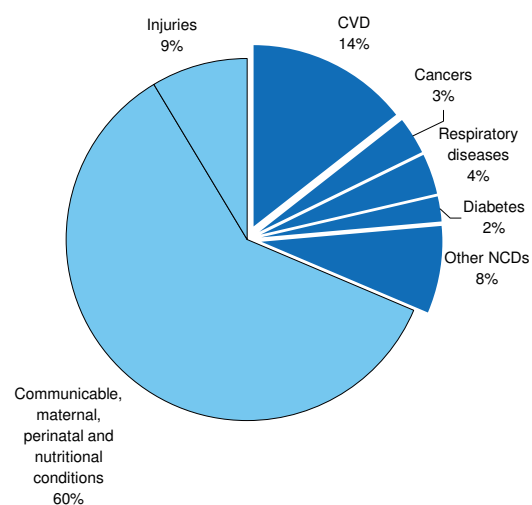
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	19.5	0.8	10.1
Physical inactivity	21.7	43.4	32.6

## Metabolic risk factors

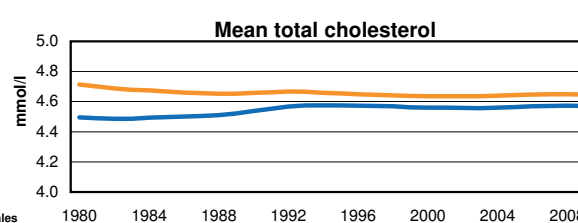
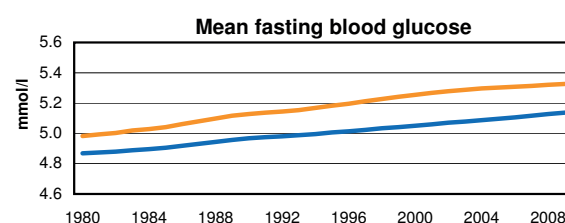
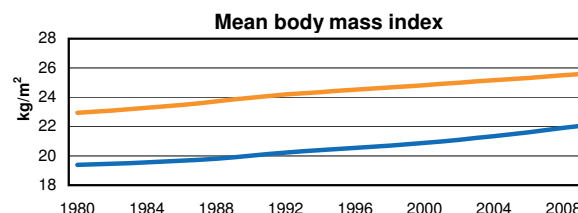
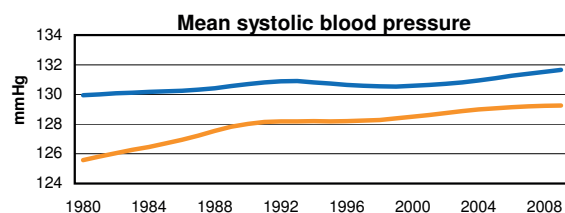
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	41.0	40.6	40.8
Raised blood glucose	...	...	...
Overweight	16.0	47.0	31.7
Obesity	2.6	19.6	11.2
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 31% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	No
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

# Brazil

2010 total population: 194 946 470

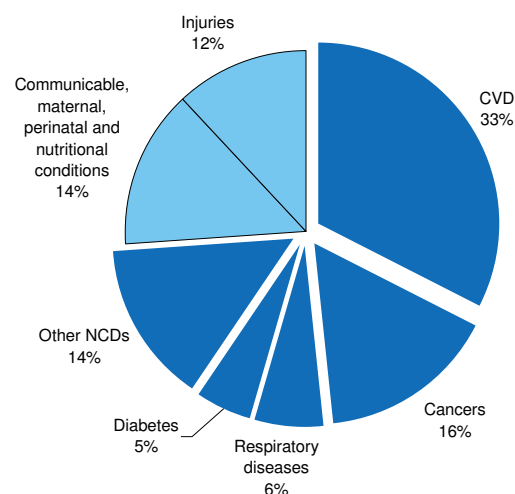
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	474.0	419.9
NCD deaths under age 60	32.2	25.4
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	614.0	428.1
Cancers	136.3	94.7
Chronic respiratory diseases	53.6	32.4
Cardiovascular diseases and diabetes	304.2	226.4

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	17.3	11.0	14.1
Physical inactivity	46.0	51.1	48.6

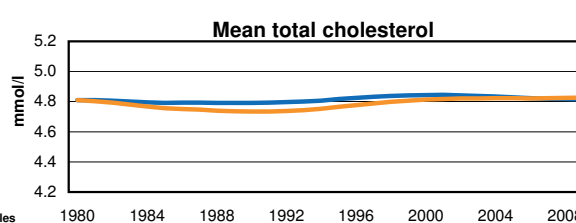
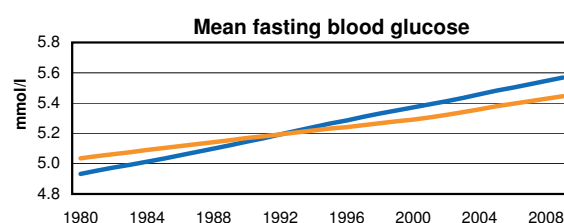
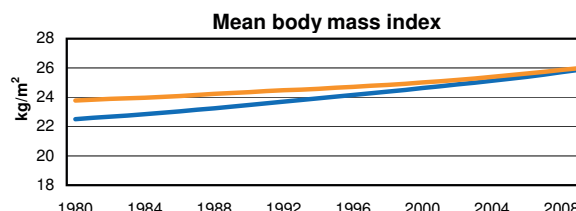
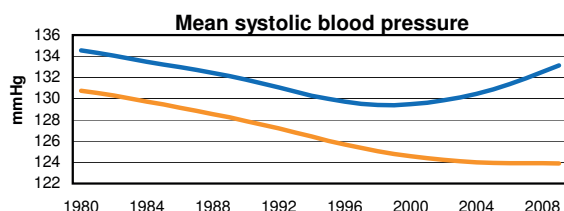
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	45.0	35.5	40.0
Raised blood glucose	9.7	9.6	9.7
Overweight	52.4	51.0	51.7
Obesity	16.0	21.4	18.8
Raised cholesterol	43.0	42.6	42.8

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 74% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
<i>National health reporting system includes:</i>		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	2/5

\*\* = covered by integrated policy/programme/action plan



# Brunei Darussalam

2010 total population: 398 920

Income group: High

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	0.5	0.5
NCD deaths under age 60 (percent of all NCD deaths)	41.4	30.0
Age-standardized death rate per 100 000		
All NCDs	534.3	488.7
Cancers	97.0	98.1
Chronic respiratory diseases	69.0	44.0
Cardiovascular diseases and diabetes	292.7	275.4

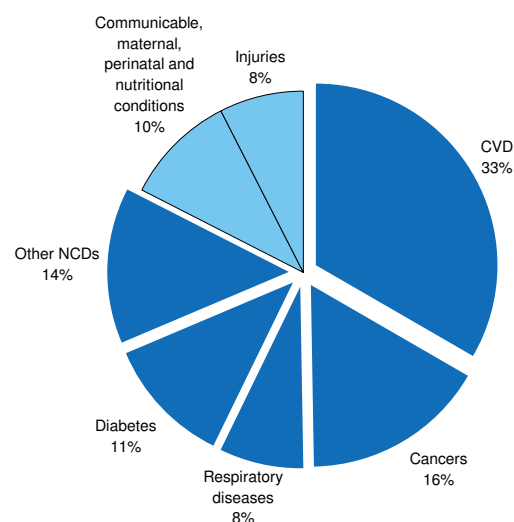
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	...	...	...
Physical inactivity	...	...	...

## Metabolic risk factors

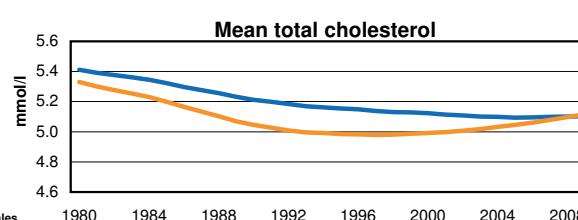
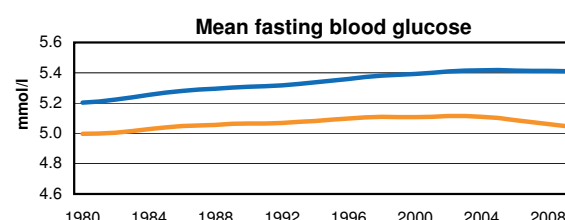
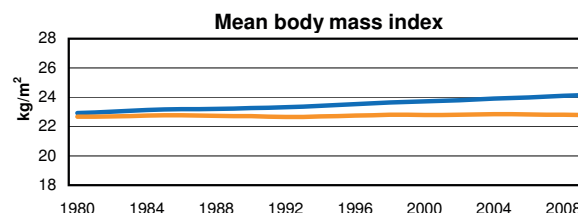
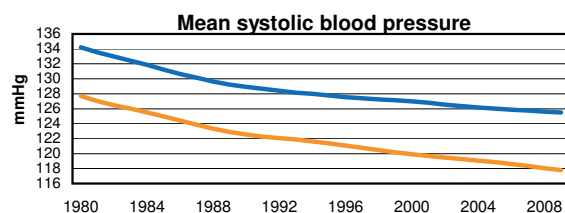
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 82% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	No	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes
National health reporting system includes:		Alcohol	Yes
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	Yes
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available

# Bulgaria

2010 total population: 7 494 332

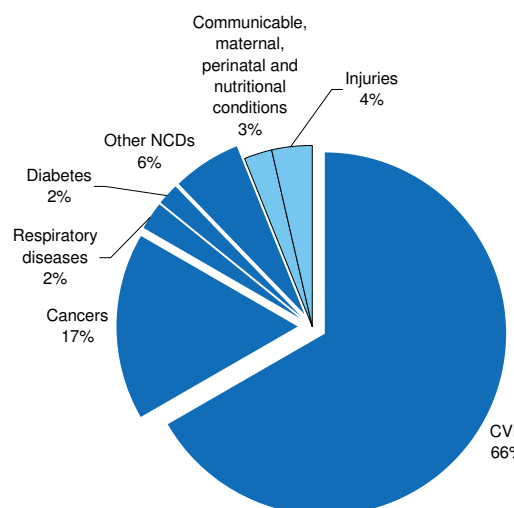
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	53.2	50.6
NCD deaths under age 60 (percent of all NCD deaths)	19.0	9.3
<i>Age-standardized death rate per 100 000</i>		
All NCDs	849.2	513.9
Cancers	179.1	100.6
Chronic respiratory diseases	26.3	10.8
Cardiovascular diseases and diabetes	566.6	367.7

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	41.9	27.2	34.3
Physical inactivity	24.6	31.8	28.4

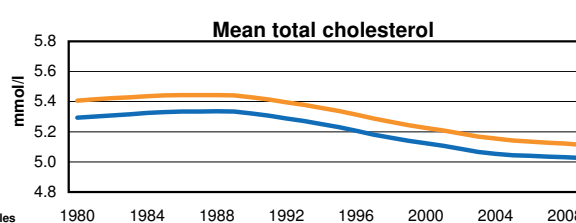
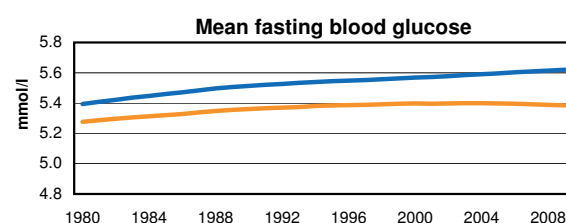
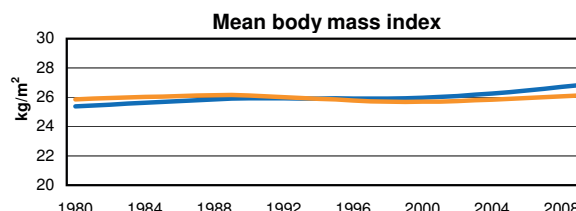
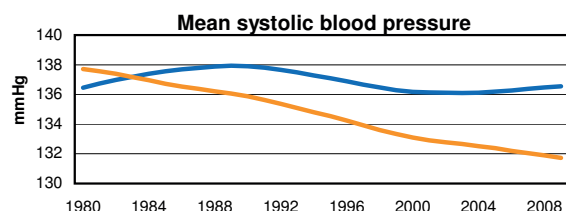
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	52.6	50.3	51.4
Raised blood glucose	...	...	...
Overweight	63.1	53.2	57.9
Obesity	23.1	24.3	23.7
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 94% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
		Alcohol	No
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	Yes
NCD cause-specific mortality	Yes	Physical inactivity	Yes
NCD morbidity	Yes	Tobacco	Yes
NCD risk factors	No		
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available





# Burkina Faso

2010 total population: 16 468 714

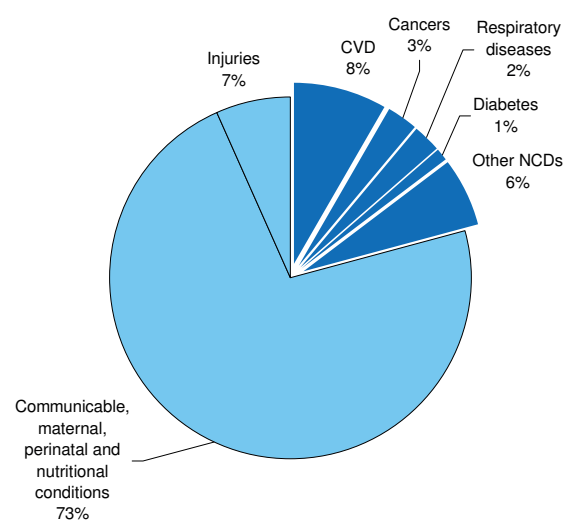
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	23.6	19.6
NCD deaths under age 60 (percent of all NCD deaths)	61.3	45.1
<i>Age-standardized death rate per 100 000</i>		
All NCDs	956.2	712.8
Cancers	100.0	100.9
Chronic respiratory diseases	141.3	61.4
Cardiovascular diseases and diabetes	499.8	425.7

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	13.3	5.8	9.5
Physical inactivity	11.5	12.7	12.1

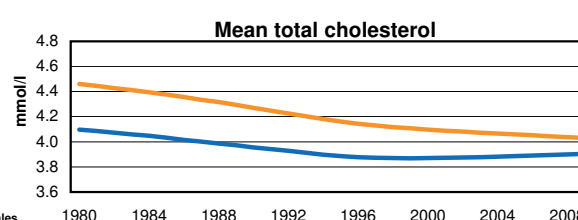
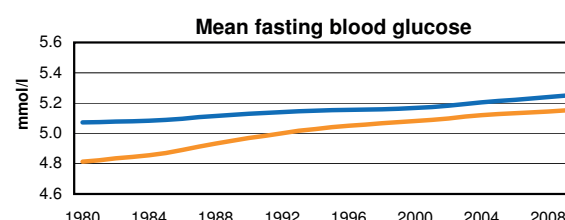
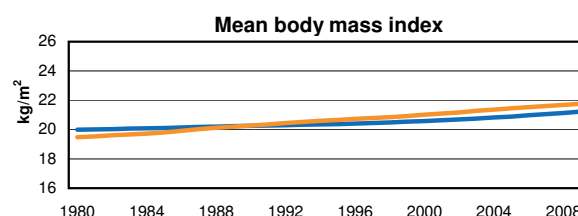
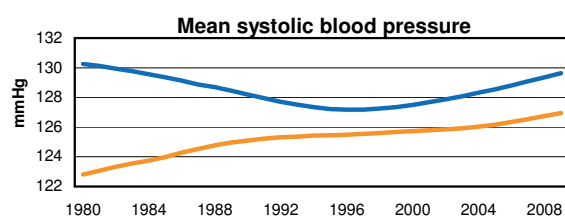
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	10.8	14.1	12.5
Obesity	1.5	3.0	2.3
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 21% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

World Health Organization - NCD Country Profiles, 2011.

# Burundi

2010 total population: 8 382 849

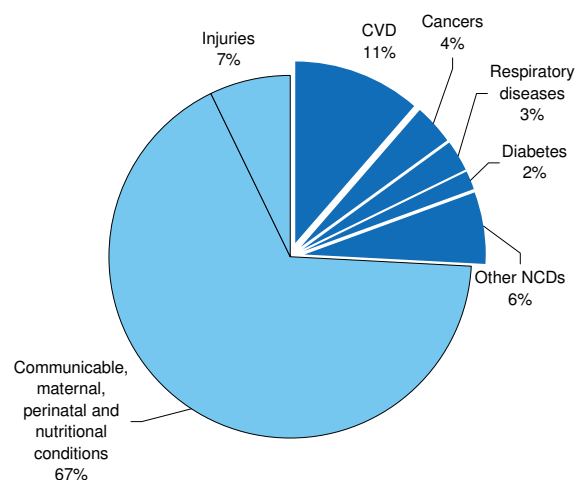
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	12.2	17.2
NCD deaths under age 60 (percent of all NCD deaths)	47.1	43.4
<i>Age-standardized death rate per 100 000</i>		
All NCDs	837.3	828.1
Cancers	105.3	108.8
Chronic respiratory diseases	119.9	75.7
Cardiovascular diseases and diabetes	437.5	488.5

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
Physical inactivity	...	...	...

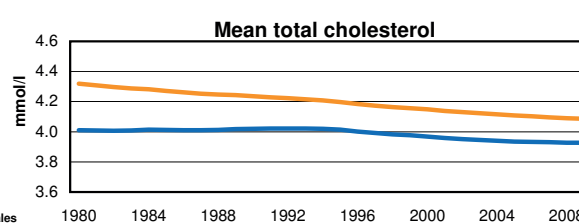
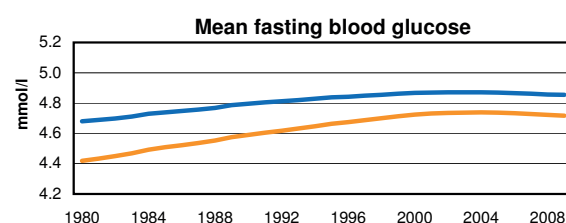
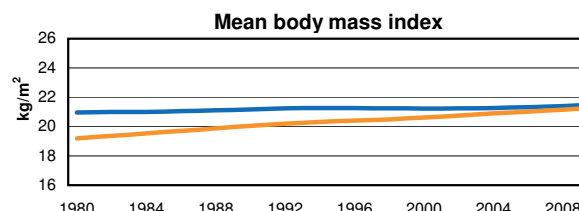
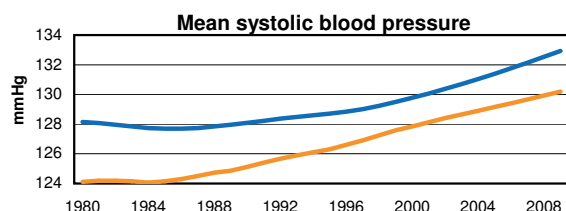
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 26% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
		Alcohol	No
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	No
NCD cause-specific mortality	No	Physical inactivity	No
NCD morbidity	Yes	Tobacco	No
NCD risk factors	No		
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available



# Cambodia

2010 total population: 14 138 255

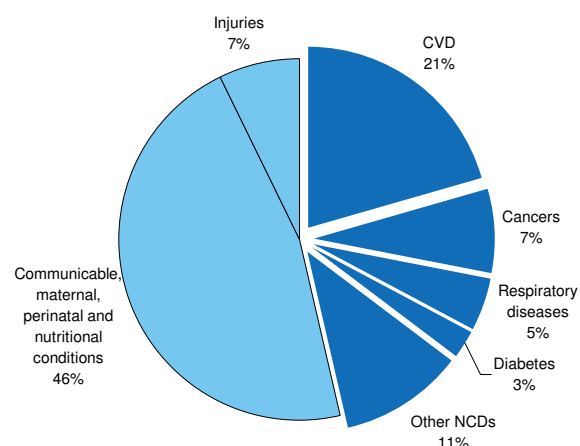
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	31.1	25.5
NCD deaths under age 60	56.2	34.8
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	957.9	592.2
Cancers	144.9	90.0
Chronic respiratory diseases	129.0	60.4
Cardiovascular diseases and diabetes	480.4	338.7

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	45.6	3.7	23.7
Physical inactivity	10.8	10.9	10.9

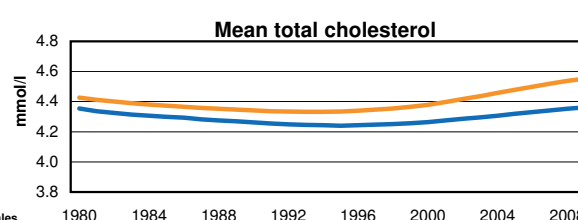
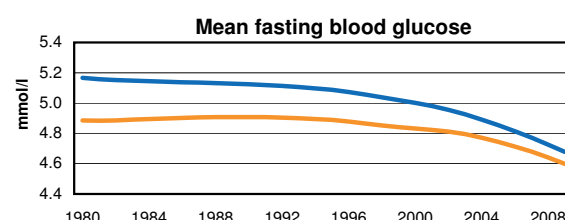
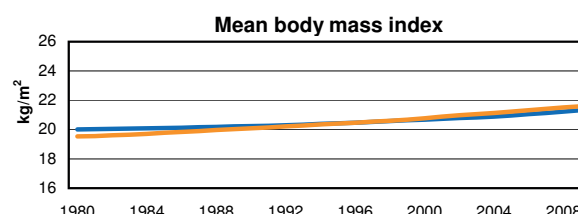
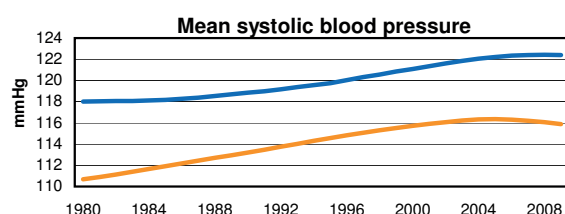
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	30.5	25.1	27.6
Raised blood glucose	3.9	4.5	4.2
Overweight	10.8	13.2	12.1
Obesity	1.5	2.7	2.1
Raised cholesterol	26.4	31.1	29.0

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 46% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
<i>National health reporting system includes:</i>		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	No	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

\*\* = covered by integrated policy/programme/action plan

# Cameroon

2010 total population: 19 598 889

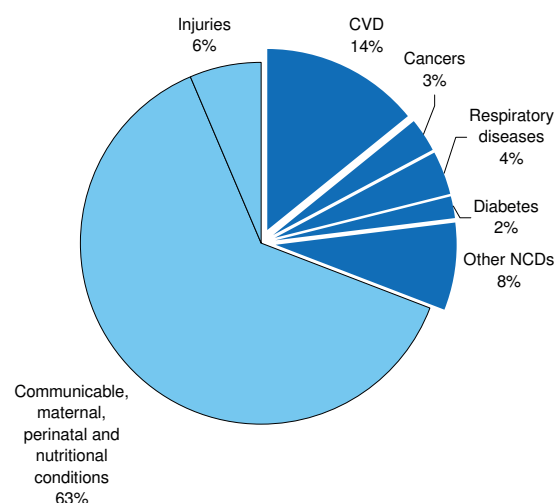
Income group: Lower middle

NCD mortality*		
2008 estimates		
Total NCD deaths (000s)	males	females
	39.7	46.1
NCD deaths under age 60 (percent of all NCD deaths)	42.8	45.5
Age-standardized death rate per 100 000		
All NCDs	881.9	861.3
Cancers	83.7	76.7
Chronic respiratory diseases	131.3	85.3
Cardiovascular diseases and diabetes	472.1	523.0

Behavioural risk factors			
2008 estimated prevalence (%)			
Current daily tobacco smoking	males	females	total
	10.5	1.1	5.8
Physical inactivity	30.5	47.6	39.1

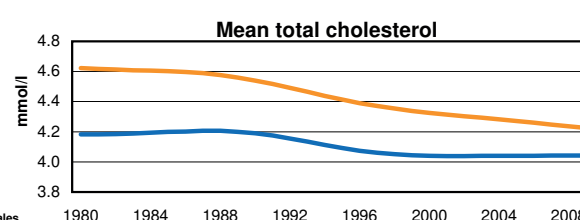
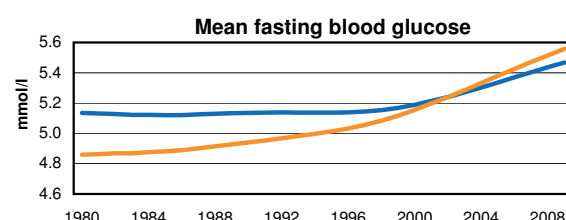
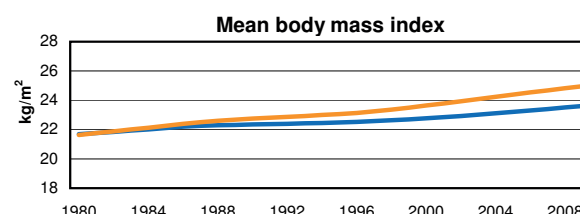
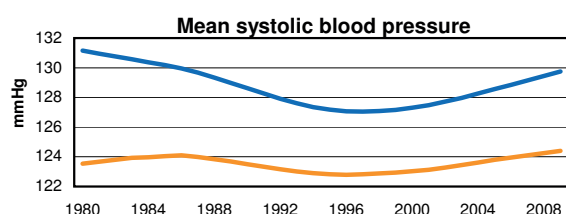
Metabolic risk factors			
2008 estimated prevalence (%)			
Raised blood pressure	males	females	total
	39.6	34.2	36.9
Raised blood glucose	8.2	9.3	8.8
Overweight	30.2	40.5	35.4
Obesity	6.4	14.1	10.3
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 31% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	No	Physical inactivity	No
NCD risk factors	Yes	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available



# Canada

2010 total population: 34 016 593

Income group: High

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	103.1	105.1
NCD deaths under age 60 (percent of all NCD deaths)	15.5	10.9
Age-standardized death rate per 100 000		
All NCDs	386.5	265.0
Cancers	142.2	106.6
Chronic respiratory diseases	26.9	16.0
Cardiovascular diseases and diabetes	151.6	90.1

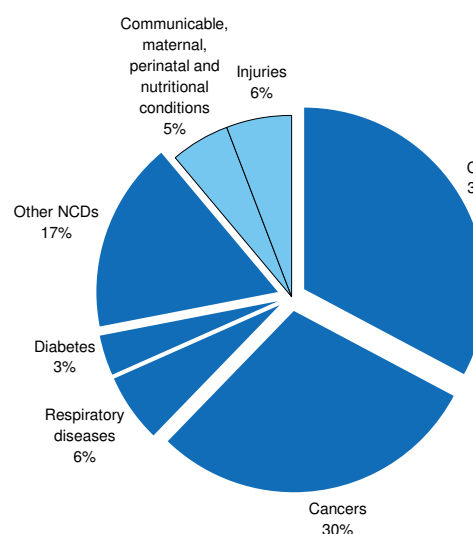
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	15.4	11.6	13.5
Physical inactivity	34.0	37.4	35.7

## Metabolic risk factors

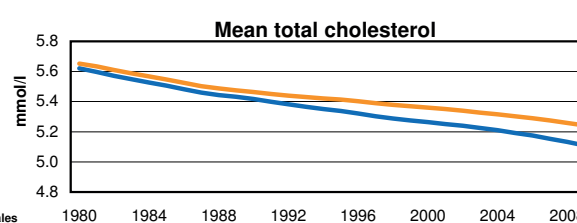
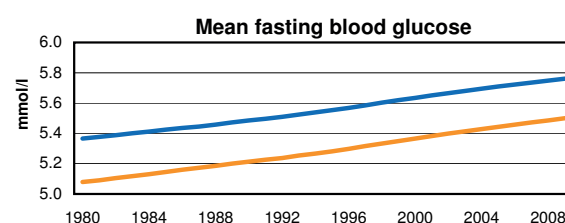
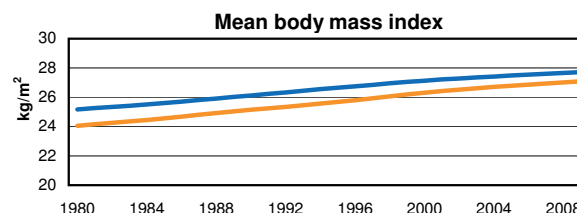
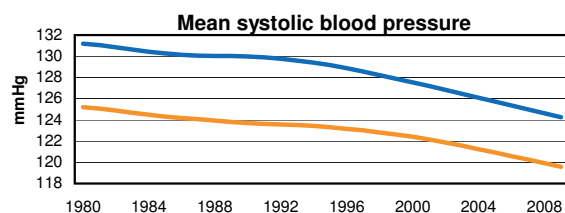
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	35.8	31.6	33.6
Raised blood glucose	...	...	...
Overweight	67.8	58.7	63.2
Obesity	26.0	26.4	26.2
Raised cholesterol	54.8	57.6	56.2

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 89% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs **Yes**

There is funding available for:

NCD treatment and control **Yes**

NCD prevention and health promotion **Yes**

NCD surveillance, monitoring and evaluation **Yes**

National health reporting system includes:

NCD cause-specific mortality **Yes**

NCD morbidity **Yes**

NCD risk factors **Yes**

Has a national, population-based cancer registry **Yes**

Has an integrated or topic-specific policy / programme / action plan which is currently operational for:

Cardiovascular diseases **Yes\*\***

Cancer **Yes\*\***

Chronic respiratory diseases **Yes**

Diabetes **Yes\*\***

Alcohol **No**

Unhealthy diet / Overweight / Obesity **Yes\*\***

Physical inactivity **Yes\*\***

Tobacco **Yes**

Number of tobacco (m)POWER measures implemented at the highest level of achievement **2/5**

... = no data available

\*\* = covered by integrated policy/programme/action plan

# Cape Verde

2010 total population: 495 999

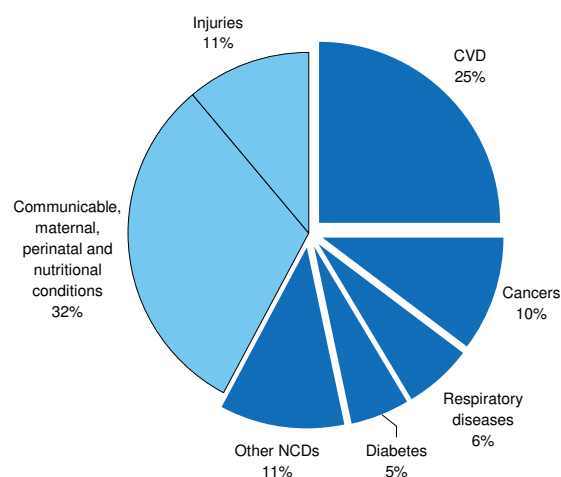
Income group: Lower middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.7	0.8
NCD deaths under age 60 (percent of all NCD deaths)	41.4	27.5
<i>Age-standardized death rate per 100 000</i>		
All NCDs	650.0	455.1
Cancers	91.4	91.5
Chronic respiratory diseases	92.2	36.0
Cardiovascular diseases and diabetes	341.1	260.3

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	9.9	2.3	5.9
Physical inactivity	9.9	29.0	20.2

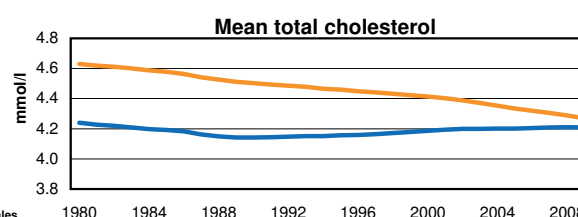
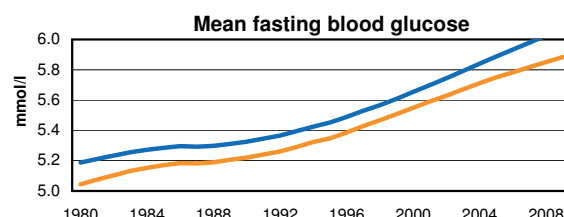
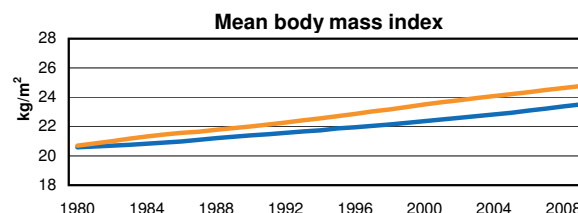
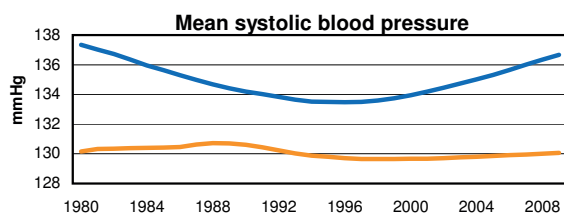
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	46.8	41.9	44.1
Raised blood glucose	12.9	13.1	13.0
Overweight	28.3	39.6	34.4
Obesity	5.7	13.8	10.0
Raised cholesterol	22.4	23.5	23.0

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 58% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
<i>National health reporting system includes:</i>		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	No	Physical inactivity	Yes**
NCD risk factors	No	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

\*\* = covered by integrated policy/programme/action plan



# Central African Republic

2010 total population: 4 401 051

Income group: Low

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	9.0	10.9
NCD deaths under age 60 (percent of all NCD deaths)	39.3	41.1
Age-standardized death rate per 100 000		
All NCDs	881.5	846.8
Cancers	83.1	75.6
Chronic respiratory diseases	131.6	82.2
Cardiovascular diseases and diabetes	476.1	519.5

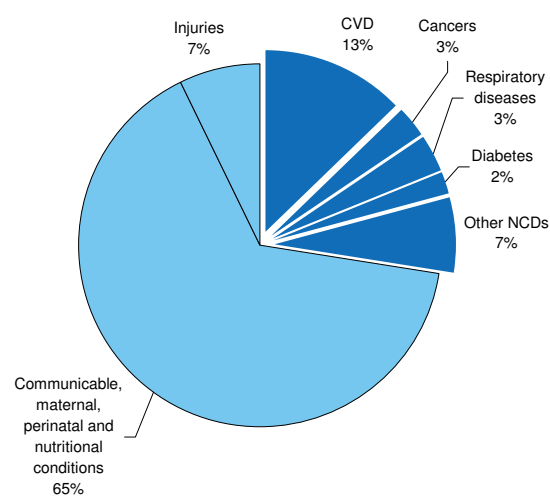
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	...	...	...
Physical inactivity	...	...	...

## Metabolic risk factors

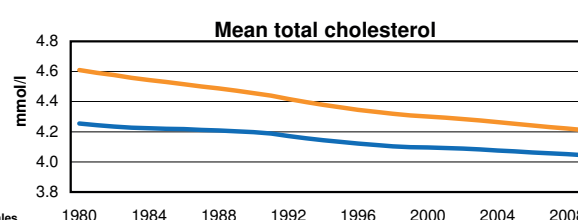
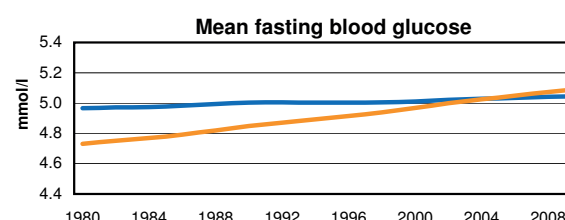
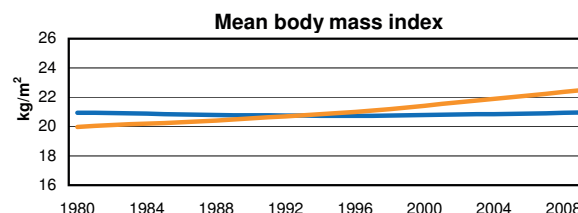
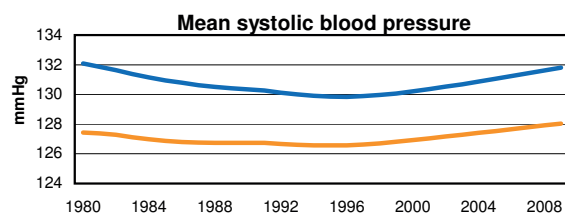
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	...	...	...
Raised blood glucose	...	...	...
Overweight	11.5	20.1	16.0
Obesity	1.8	5.1	3.5
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 27% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

World Health Organization - NCD Country Profiles, 2011.



# Chad

2010 total population: 11 227 208

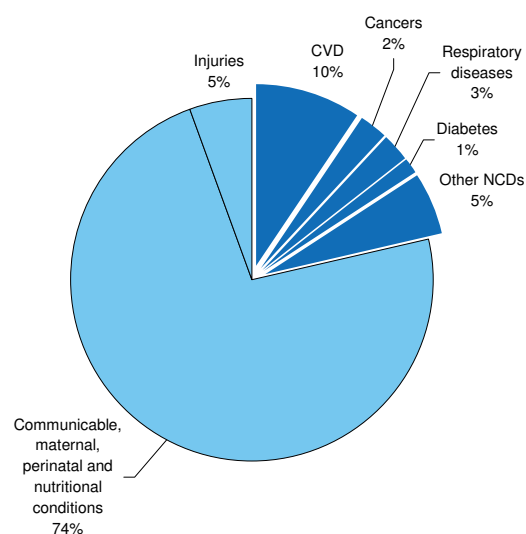
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	18.7	21.3
NCD deaths under age 60	46.4	44.7
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	894.2	843.3
Cancers	81.5	83.7
Chronic respiratory diseases	133.9	80.0
Cardiovascular diseases and diabetes	483.5	517.1

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	20.1	2.1	11.0
Physical inactivity	20.9	24.7	22.8

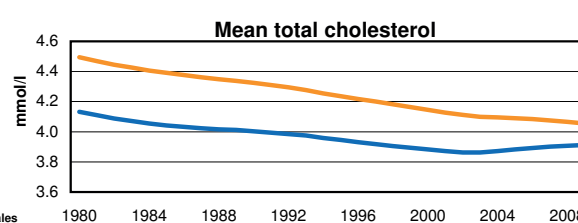
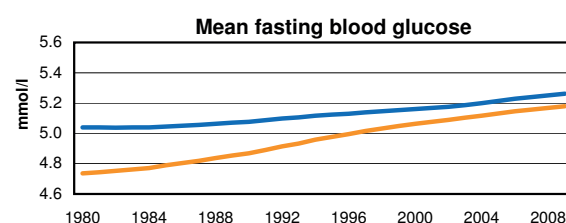
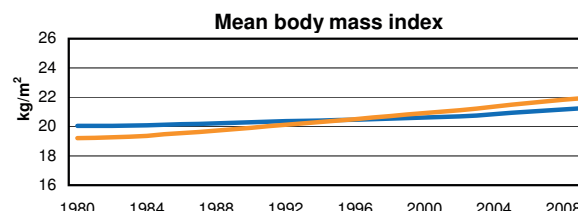
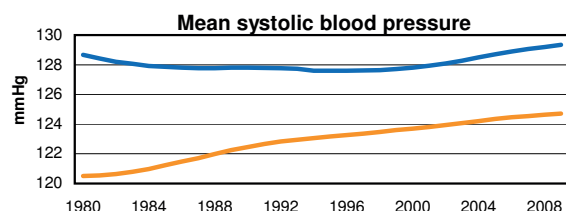
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	39.2	34.6	36.8
Raised blood glucose	...	...	...
Overweight	12.1	15.6	13.9
Obesity	1.9	3.4	2.7
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 21% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	2/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available





# Chile

2010 total population: 17 113 688

Income group: Upper middle

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	41.7	37.6
NCD deaths under age 60 (percent of all NCD deaths)	21.2	16.1
Age-standardized death rate per 100 000		
All NCDs	500.6	313.1
Cancers	143.9	98.4
Chronic respiratory diseases	39.0	20.6
Cardiovascular diseases and diabetes	196.3	117.4

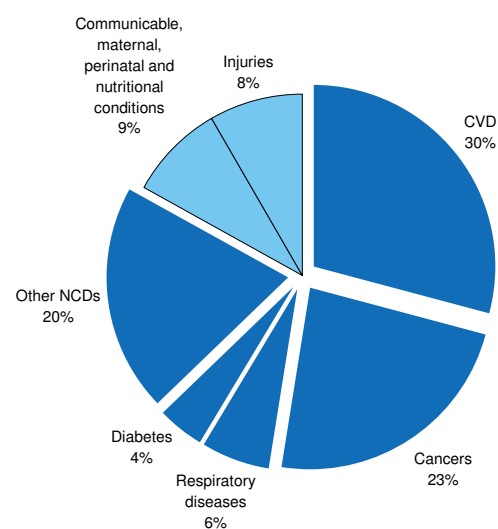
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	38.4	32.7	35.5
Physical inactivity	...	...	...

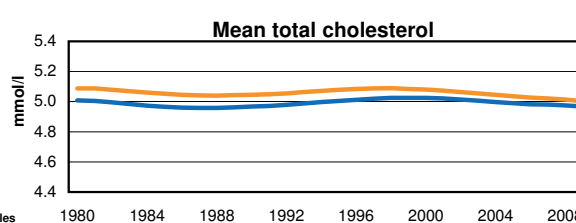
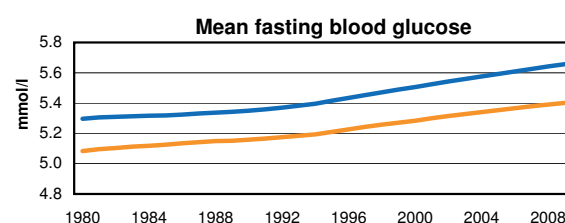
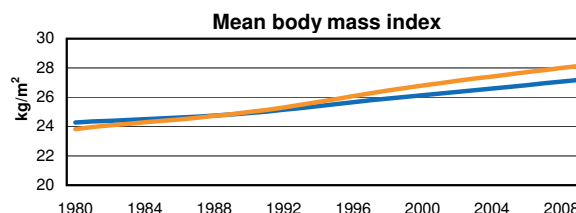
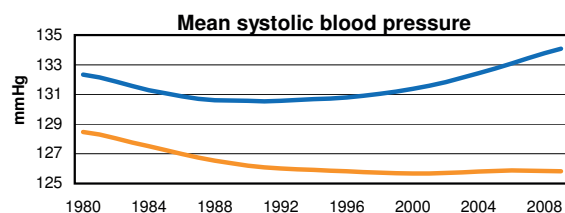
## Metabolic risk factors

2008 estimated prevalence (%)	males	females	total
Raised blood pressure	47.3	39.3	43.2
Raised blood glucose	11.1	10.0	10.6
Overweight	64.3	66.2	65.3
Obesity	24.6	34.0	29.4
Raised cholesterol	49.0	49.1	49.1

## Proportional mortality (% of total deaths, all ages)



## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	2/5

... = no data available

\*\* = covered by integrated policy/programme/action plan

# China

2010 total population: 1 341 335 152

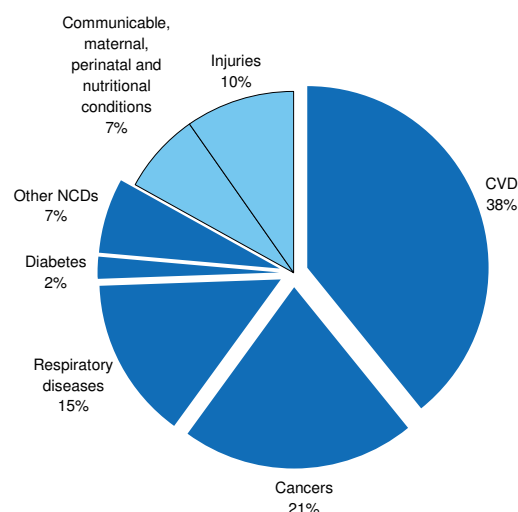
Income group: Lower middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	4323.3	3675.5
NCD deaths under age 60 (percent of all NCD deaths)	22.8	17.4
<i>Age-standardized death rate per 100 000</i>		
All NCDs	665.2	495.2
Cancers	182.3	105.0
Chronic respiratory diseases	118.4	88.7
Cardiovascular diseases and diabetes	311.5	259.6

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	49.3	2.1	26.3
Physical inactivity	29.3	32.0	30.6

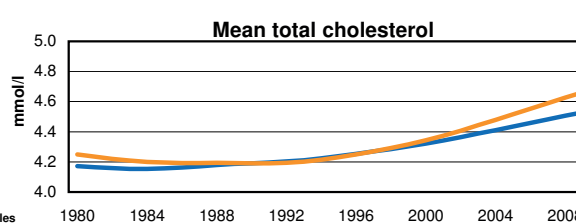
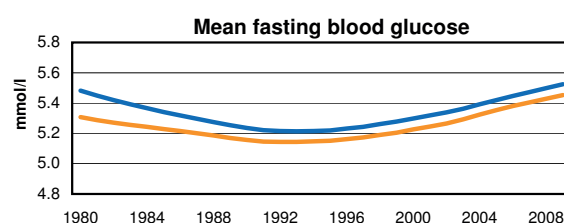
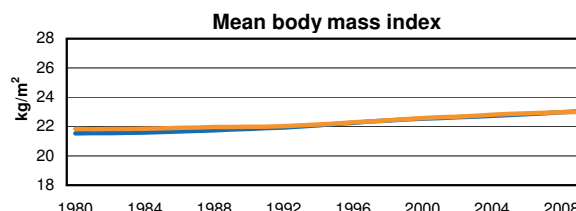
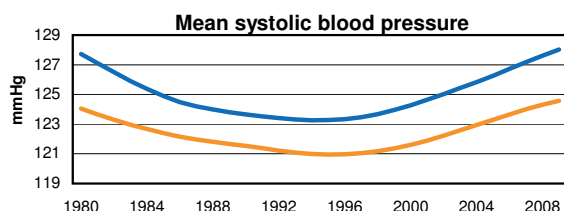
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	40.1	36.2	38.2
Raised blood glucose	9.5	9.3	9.4
Overweight	25.5	25.4	25.4
Obesity	4.7	6.7	5.7
Raised cholesterol	31.8	35.3	33.5

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 83% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
		Alcohol	No
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	Yes
NCD cause-specific mortality	Yes	Physical inactivity	No
NCD morbidity	Yes	Tobacco	No
NCD risk factors	Yes		
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5



# Colombia

2010 total population: 46 294 841

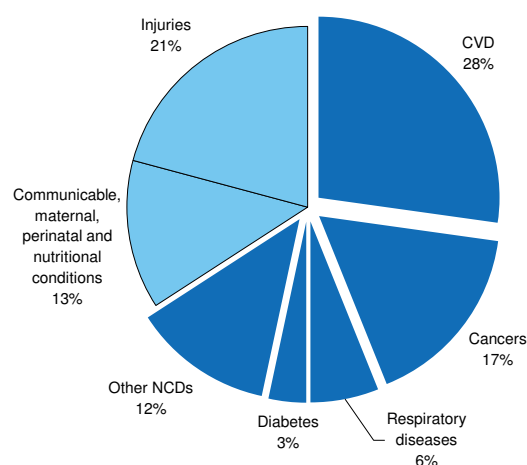
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	66.3	68.2
NCD deaths under age 60 (percent of all NCD deaths)	30.7	26.8
<i>Age-standardized death rate per 100 000</i>		
All NCDs	437.6	351.3
Cancers	112.9	92.1
Chronic respiratory diseases	43.0	29.9
Cardiovascular diseases and diabetes	205.9	166.7

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	...	...	...
Physical inactivity	38.1	47.1	42.7

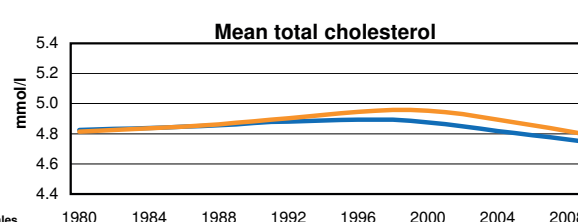
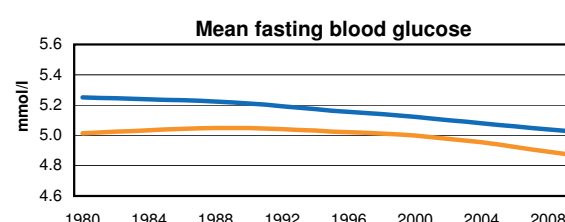
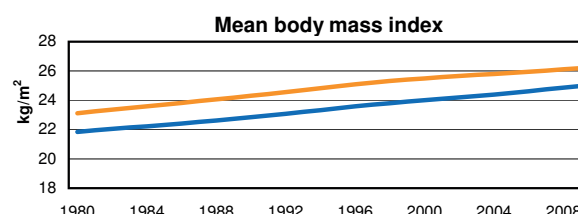
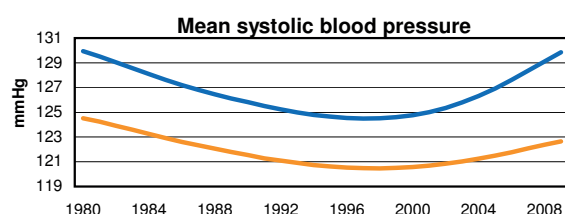
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	40.4	33.8	37.0
Raised blood glucose	6.0	5.7	5.9
Overweight	43.5	52.7	48.3
Obesity	11.3	22.9	17.3
Raised cholesterol	40.8	41.8	41.4

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 66% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	ND	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	ND
NCD treatment and control	ND	Cancer	ND
NCD prevention and health promotion	ND	Chronic respiratory diseases	ND
NCD surveillance, monitoring and evaluation	ND	Diabetes	ND
National health reporting system includes:		Alcohol	ND
NCD cause-specific mortality	ND	Unhealthy diet / Overweight / Obesity	ND
NCD morbidity	ND	Physical inactivity	ND
NCD risk factors	ND	Tobacco	ND
Has a national, population-based cancer registry	ND	Number of tobacco (m)POWER measures implemented at the highest level of achievement	2/5

... = no data available

ND = Country did not respond to country capacity survey

# Comoros

2010 total population: 734 750

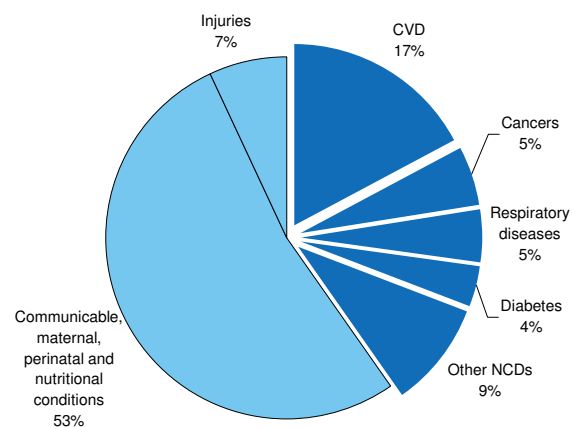
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	1.1	1.3
NCD deaths under age 60	46.3	45.1
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	798.4	767.7
Cancers	87.9	93.2
Chronic respiratory diseases	116.0	71.5
Cardiovascular diseases and diabetes	433.3	467.8

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	15.6	6.8	11.2
Physical inactivity	4.8	9.1	6.9

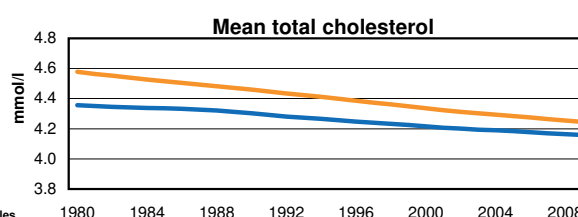
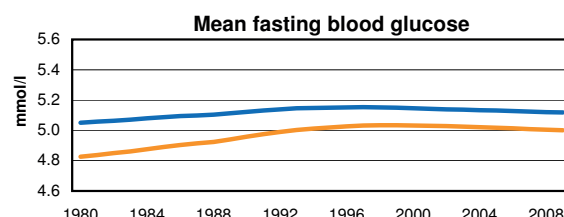
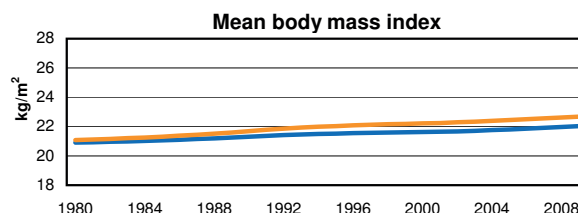
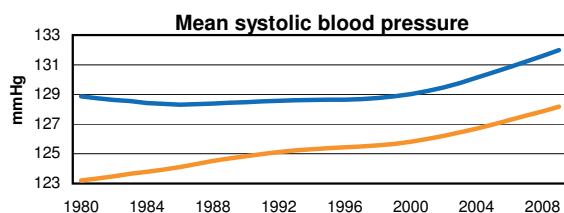
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	18.0	21.6	19.8
Obesity	3.2	5.5	4.4
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 40% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

World Health Organization - NCD Country Profiles, 2011.



# Congo

2010 total population: 4 042 899

Income group: Lower middle

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	7.8	7.1
NCD deaths under age 60 (percent of all NCD deaths)	39.1	32.0
Age-standardized death rate per 100 000		
All NCDs	891.5	714.7
Cancers	82.6	76.2
Chronic respiratory diseases	133.3	63.6
Cardiovascular diseases and diabetes	482.0	443.9

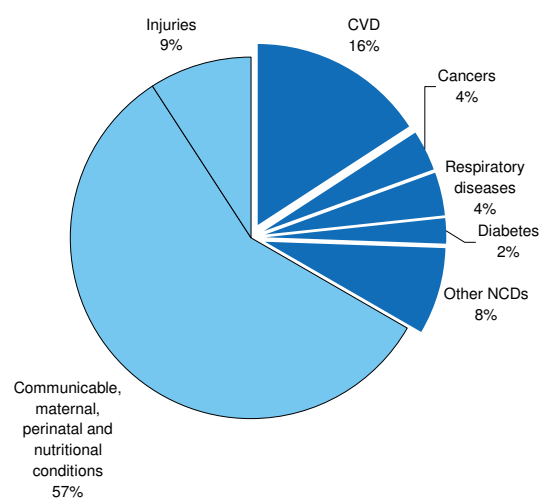
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	7.1	0.4	3.7
Physical inactivity	40.7	50.3	45.5

## Metabolic risk factors

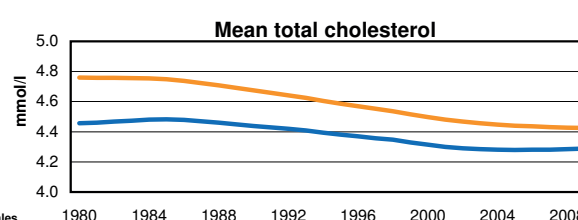
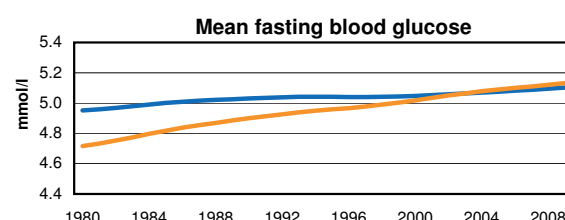
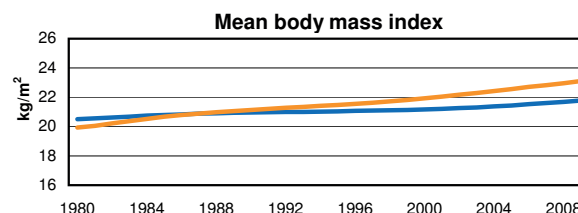
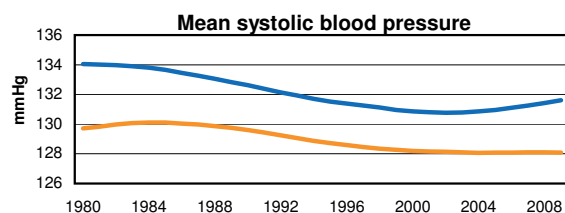
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	41.4	38.6	40.0
Raised blood glucose	...	...	...
Overweight	15.0	25.1	20.2
Obesity	2.4	6.9	4.7
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 33% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	No	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

World Health Organization - NCD Country Profiles, 2011.

# Cook Islands

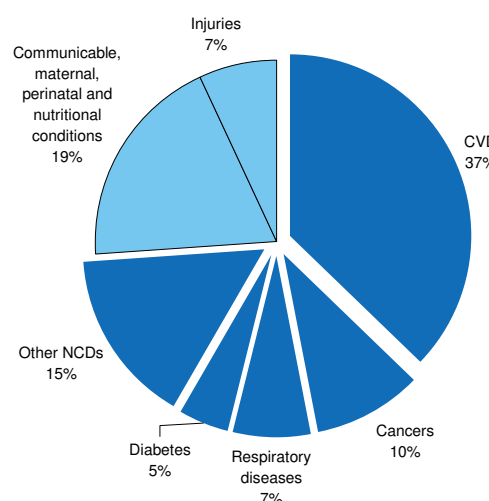
2010 total population: 20 288  
Income group: Upper middle

NCD mortality			
<i>2008 estimates</i>			
Total NCD deaths (000s)	males	females	
	0.0	0.0	
NCD deaths under age 60 (percent of all NCD deaths)	39.4	30.6	
<i>Age-standardized death rate per 100 000</i>			
All NCDs	592.0	326.3	
Cancers	58.6	57.4	
Chronic respiratory diseases	61.3	26.3	
Cardiovascular diseases and diabetes	350.7	180.0	

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	38.9	29.7	34.4
Physical inactivity	71.6	73.0	72.3

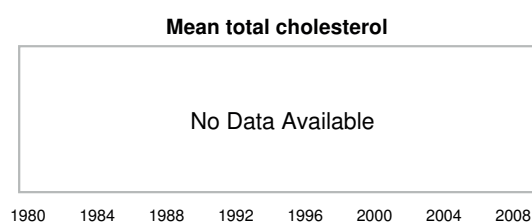
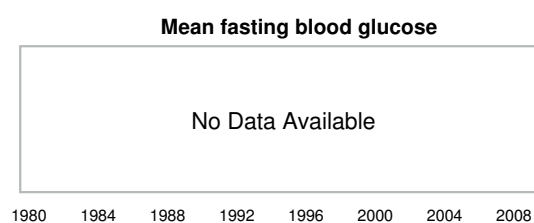
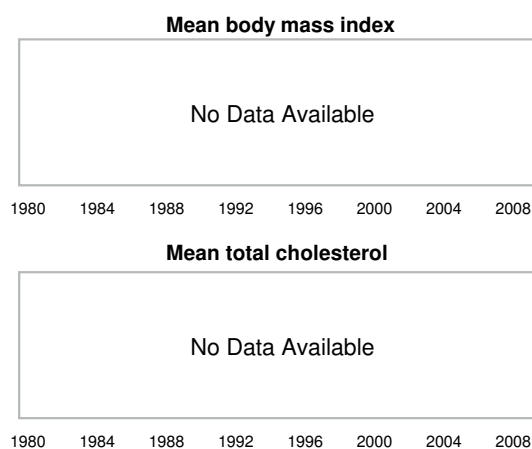
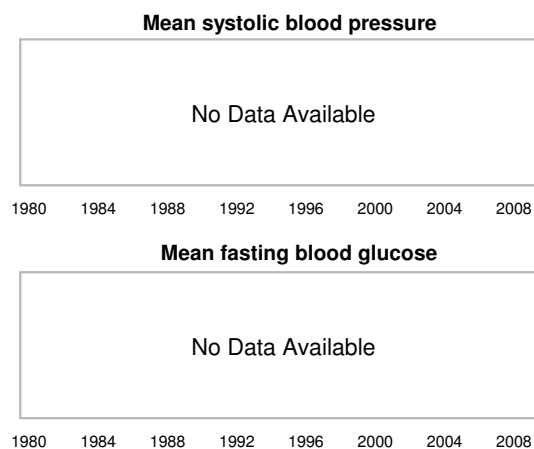
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	46.0	36.8	41.5
Raised blood glucose	19.5	20.5	20.0
Overweight	91.0	89.9	90.5
Obesity	59.7	67.9	63.7
Raised cholesterol	58.8	57.3	58.1

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 74% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\*\* = covered by integrated policy/programme/action plan



# Costa Rica

2010 total population: 4 658 887

Income group: Upper middle

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	8.2	7.6
NCD deaths under age 60 (percent of all NCD deaths)	25.3	21.1
Age-standardized death rate per 100 000		
All NCDs	431.0	333.3
Cancers	120.1	92.9
Chronic respiratory diseases	33.5	22.0
Cardiovascular diseases and diabetes	181.4	137.4

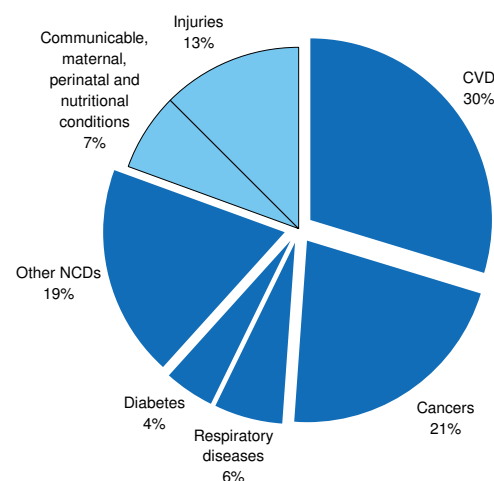
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	9.5	2.4	6.0
Physical inactivity	...	...	...

## Metabolic risk factors

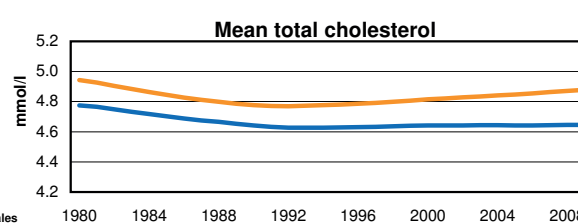
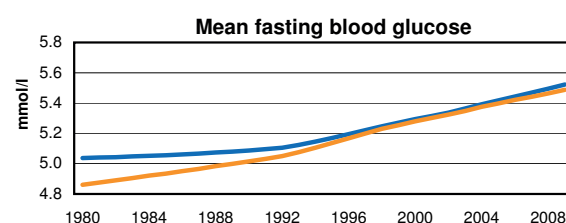
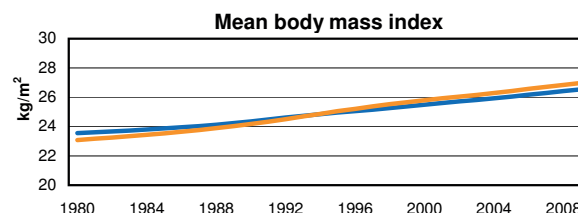
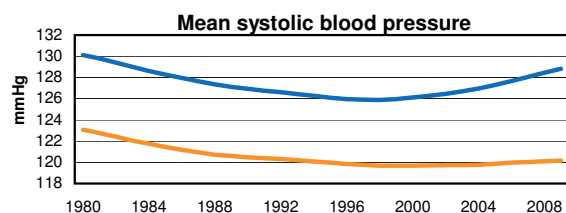
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	40.1	30.9	35.6
Raised blood glucose	9.4	9.7	9.5
Overweight	59.4	57.2	58.3
Obesity	20.4	27.1	23.7
Raised cholesterol	37.1	43.6	40.3

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 81% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	Yes
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	Yes
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	Yes
NCD risk factors	Yes	Tobacco	No
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

# Côte d'Ivoire

2010 total population: 19 737 800

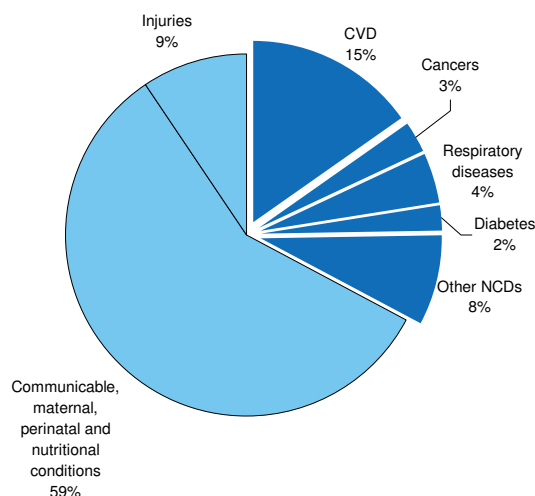
Income group: Lower middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	56.4	44.8
NCD deaths under age 60	42.6	45.9
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	1013.4	859.1
Cancers	80.4	78.7
Chronic respiratory diseases	154.5	83.9
Cardiovascular diseases and diabetes	547.6	524.4

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	14.3	2.7	8.7
Physical inactivity	27.3	37.4	32.2

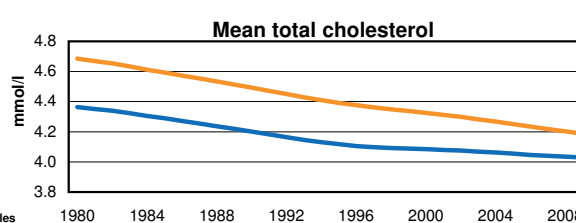
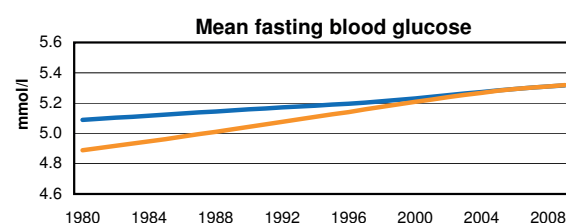
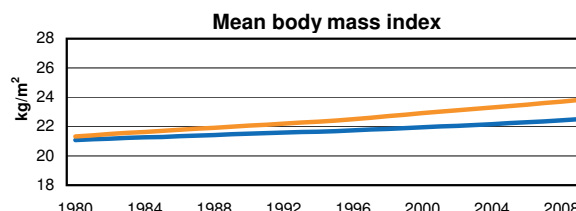
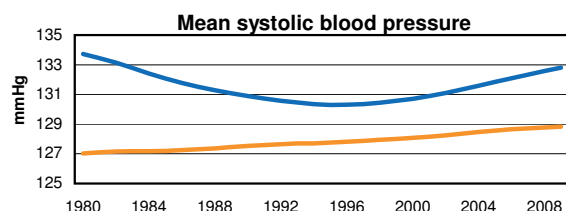
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	44.1	38.6	41.5
Raised blood glucose	...	...	...
Overweight	20.5	30.5	25.4
Obesity	3.6	8.9	6.2
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 33% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	Yes
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	Yes
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

World Health Organization - NCD Country Profiles, 2011.





# Croatia

2010 total population: 4 403 330

Income group: High

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	23.6	25.2
NCD deaths under age 60 (percent of all NCD deaths)	18.5	7.6
Age-standardized death rate per 100 000		
All NCDs	696.6	408.7
Cancers	225.0	115.0
Chronic respiratory diseases	25.6	8.4
Cardiovascular diseases and diabetes	352.3	239.7

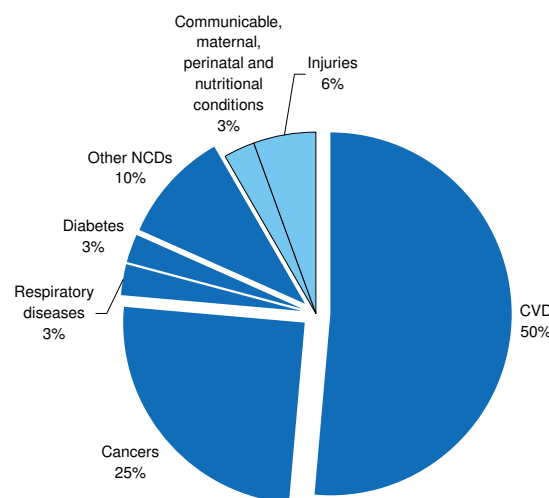
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	31.7	22.3	26.7
Physical inactivity	27.8	25.6	26.7

## Metabolic risk factors

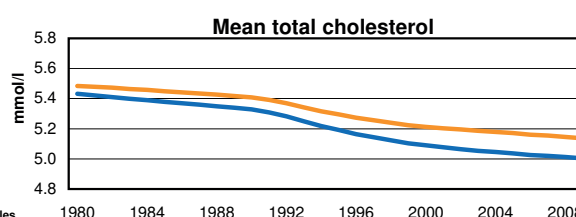
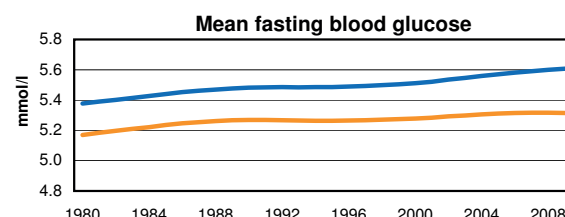
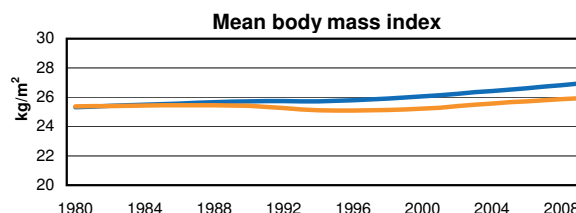
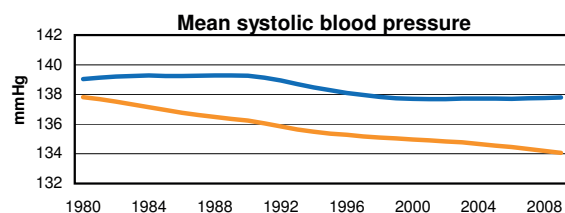
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	54.2	53.3	53.7
Raised blood glucose	...	...	...
Overweight	64.1	51.9	57.7
Obesity	24.4	23.9	24.2
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 92% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

# Cuba

2010 total population: 11 257 979

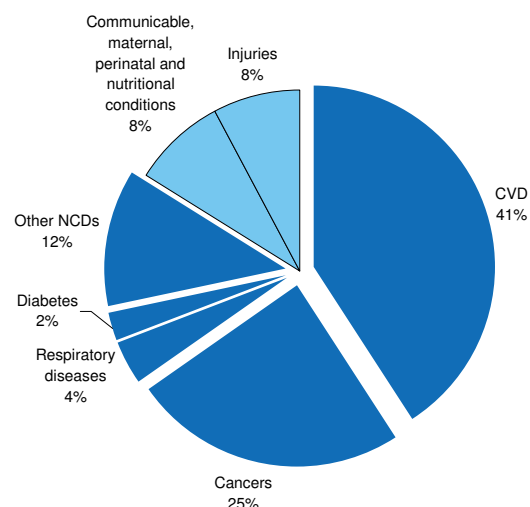
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	39.1	35.1
NCD deaths under age 60	17.7	15.9
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	492.6	382.1
Cancers	160.3	114.5
Chronic respiratory diseases	23.2	17.9
Cardiovascular diseases and diabetes	236.0	194.1

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	43.5	27.5	35.5
Physical inactivity	...	...	...

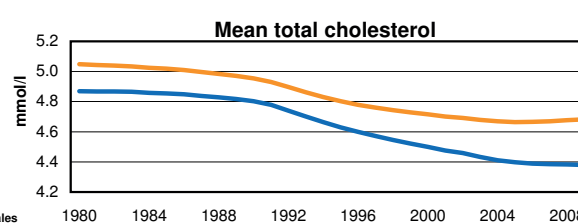
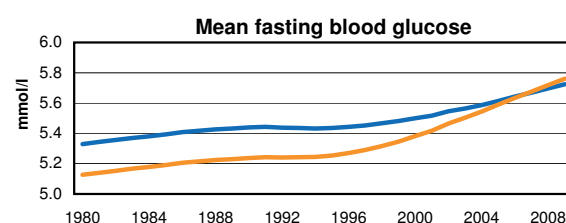
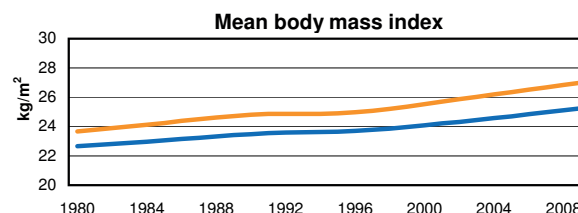
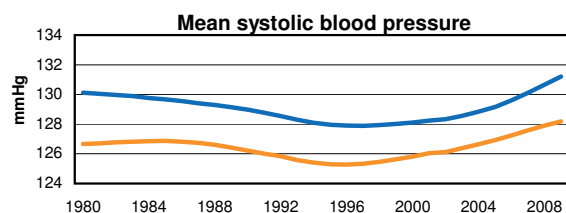
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	11.8	13.0	12.4
Overweight	48.6	60.2	54.5
Obesity	13.7	29.2	21.5
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 84% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>  Cardiovascular diseases Cancer Chronic respiratory diseases Diabetes Alcohol Unhealthy diet / Overweight / Obesity Physical inactivity Tobacco  Number of tobacco (m)POWER measures implemented at the highest level of achievement
<i>There is funding available for:</i>		
NCD treatment and control	Yes	
NCD prevention and health promotion	Yes	
NCD surveillance, monitoring and evaluation	Yes	
<i>National health reporting system includes:</i>		
NCD cause-specific mortality	Yes	
NCD morbidity	Yes	
NCD risk factors	Yes	
Has a national, population-based cancer registry	No	
		0/5

... = no data available



# Cyprus

2010 total population: 1 103 647

Income group: High

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	2.6	2.5
NCD deaths under age 60 (percent of all NCD deaths)	12.9	8.9
Age-standardized death rate per 100 000		
All NCDs	416.6	282.0
Cancers	100.7	65.3
Chronic respiratory diseases	25.8	14.5
Cardiovascular diseases and diabetes	224.5	149.7

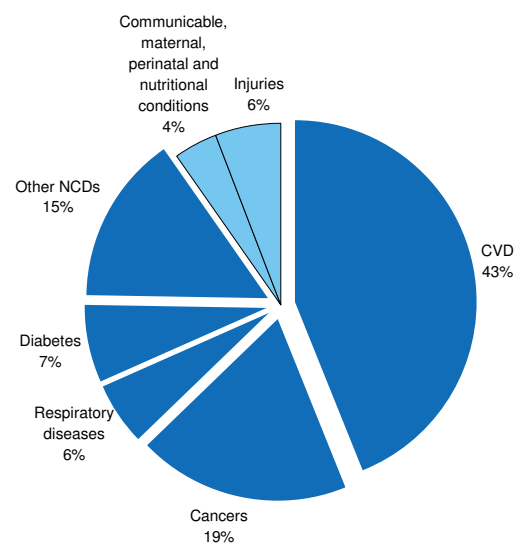
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	...	...	...
Physical inactivity	49.3	63.8	56.9

## Metabolic risk factors

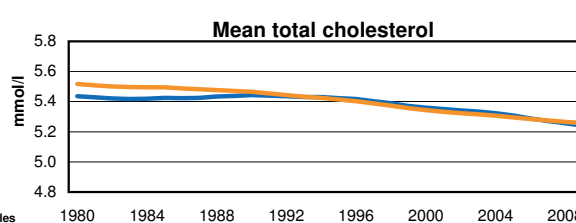
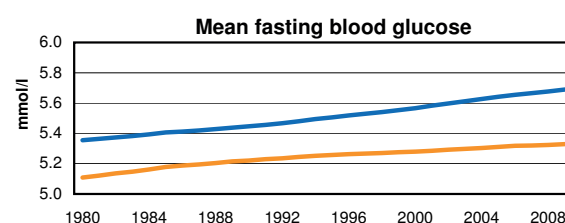
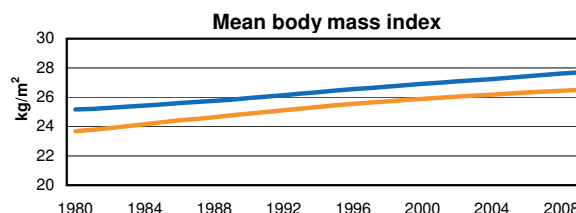
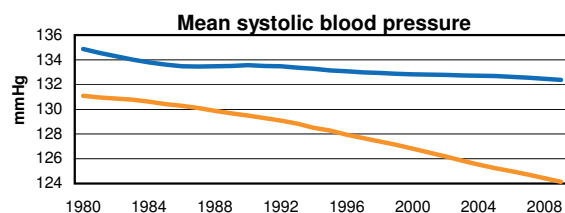
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	45.2	36.2	40.5
Raised blood glucose	...	...	...
Overweight	66.0	52.1	58.8
Obesity	25.9	25.1	25.5
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 90% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	NR	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	NR
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	NR
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	Yes
NCD risk factors	No	Tobacco	Yes
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

NR = Country replied to survey but did not give a response to specific question

# Czech Republic

2010 total population: 10 492 960

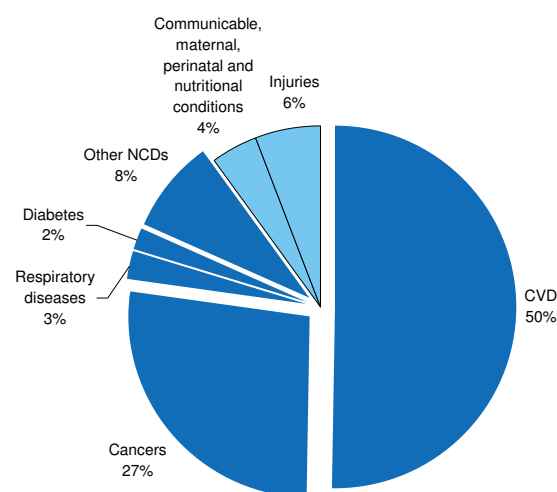
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	45.4	47.3
NCD deaths under age 60 (percent of all NCD deaths)	18.8	9.1
<i>Age-standardized death rate per 100 000</i>		
All NCDs	603.7	366.2
Cancers	202.4	116.3
Chronic respiratory diseases	21.4	9.1
Cardiovascular diseases and diabetes	315.1	203.1

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	27.3	19.6	23.4
Physical inactivity	30.7	27.6	29.1

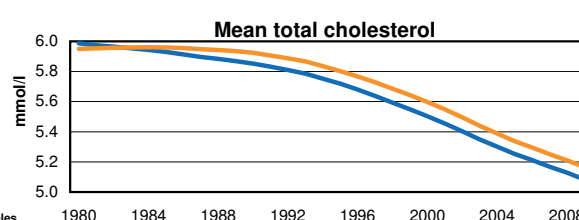
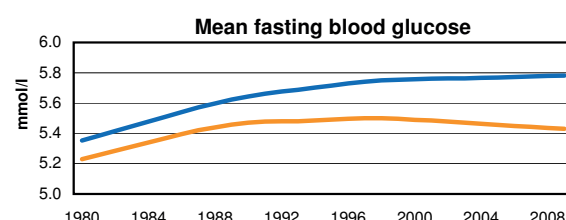
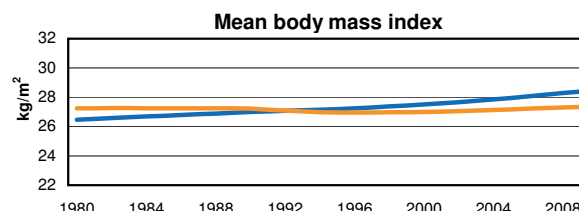
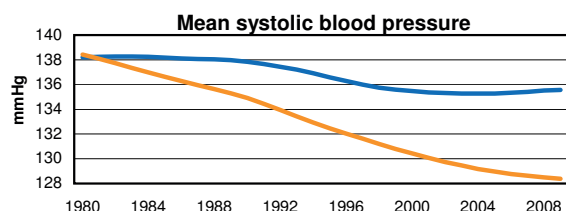
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	50.7	45.6	48.1
Raised blood glucose	12.5	11.2	11.8
Overweight	72.3	60.3	66.1
Obesity	32.6	32.7	32.7
Raised cholesterol	54.9	56.9	56.0

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 90% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:			
NCD treatment and control	Yes		Cardiovascular diseases
NCD prevention and health promotion	Yes		Cancer
NCD surveillance, monitoring and evaluation	Yes		Chronic respiratory diseases
			Diabetes
			Alcohol
National health reporting system includes:			Unhealthy diet / Overweight / Obesity
NCD cause-specific mortality	Yes		Physical inactivity
NCD morbidity	Yes		Tobacco
NCD risk factors	Yes		
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\*\* = covered by integrated policy/programme/action plan



# Democratic People's Republic of Korea

2010 total population: 24 346 229

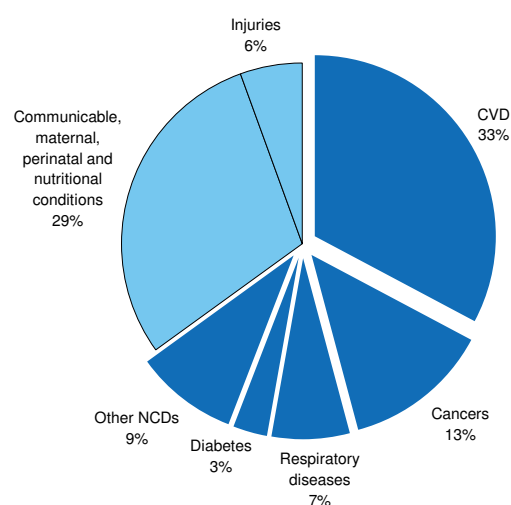
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	61.5	71.4
NCD deaths under age 60	30.6	16.1
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	652.2	467.1
Cancers	122.8	97.6
Chronic respiratory diseases	78.7	47.5
Cardiovascular diseases and diabetes	345.5	261.6

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	56.9	...	...
Physical inactivity	...	...	...

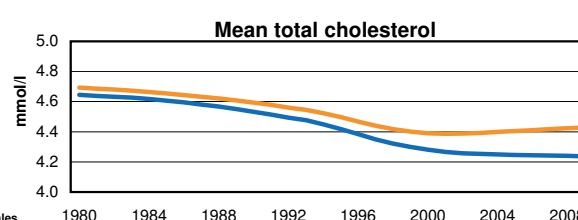
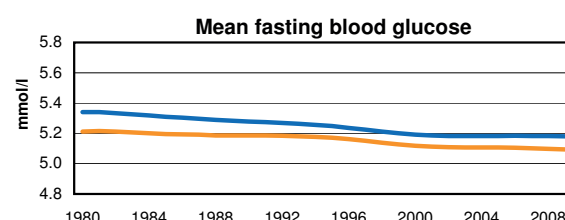
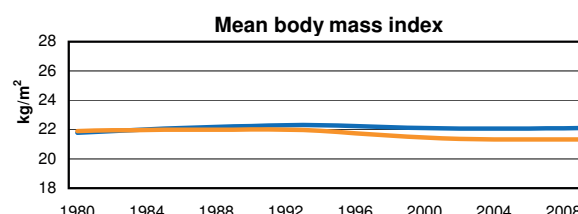
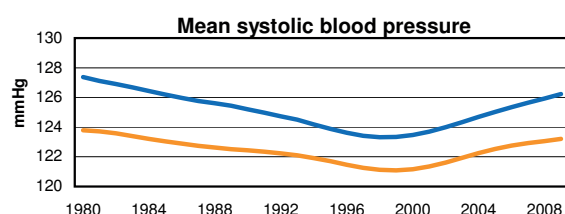
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 65% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
		Alcohol	Yes**
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	Yes**
NCD cause-specific mortality	Yes	Physical inactivity	Yes**
NCD morbidity	Yes	Tobacco	Yes**
NCD risk factors	Yes		
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

\*\* = covered by integrated policy/programme/action plan

World Health Organization - NCD Country Profiles, 2011.

# Democratic Republic of the Congo

2010 total population: 65 965 795

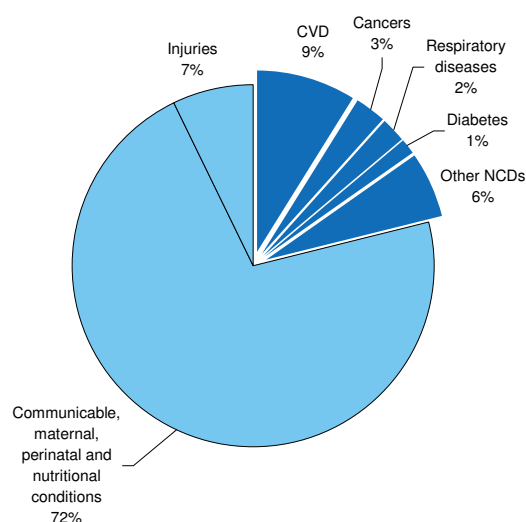
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	101.5	115.1
NCD deaths under age 60 (percent of all NCD deaths)	48.6	43.2
<i>Age-standardized death rate per 100 000</i>		
All NCDs	865.7	806.1
Cancers	89.2	86.2
Chronic respiratory diseases	126.6	74.0
Cardiovascular diseases and diabetes	461.8	492.2

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	8.3	0.9	4.5
Physical inactivity	35.1	49.7	42.5

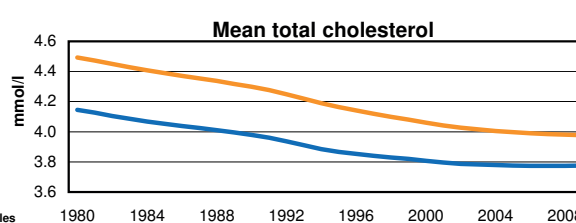
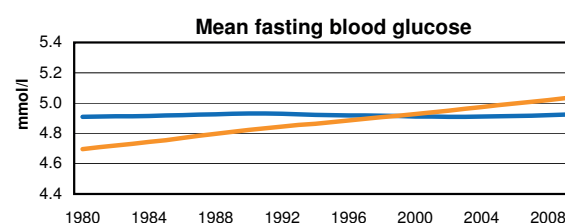
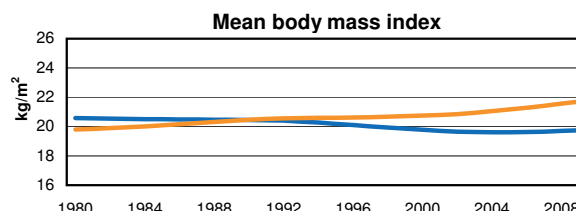
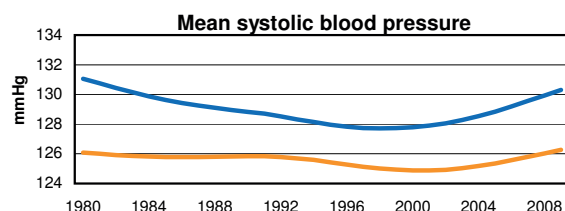
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	39.4	35.8	37.6
Raised blood glucose	...	...	...
Overweight	5.3	13.4	9.4
Obesity	0.6	2.8	1.7
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 21% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available



# Denmark

2010 total population: 5 550 142

Income group: High

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	23.6	24.5
NCD deaths under age 60 (percent of all NCD deaths)	14.4	9.4
Age-standardized death rate per 100 000		
All NCDs	493.8	338.3
Cancers	177.1	133.5
Chronic respiratory diseases	33.7	27.5
Cardiovascular diseases and diabetes	179.6	107.4

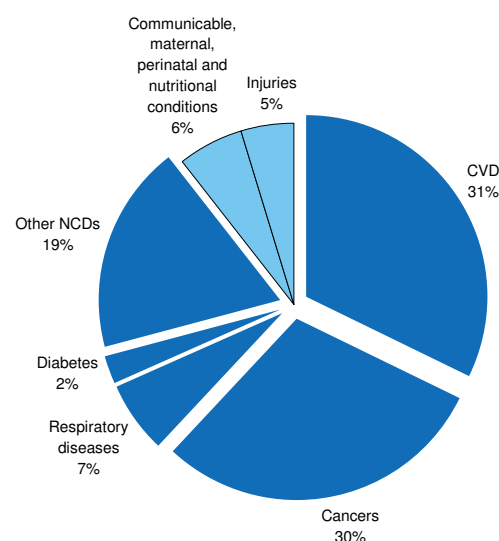
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	26.9	22.4	24.6
Physical inactivity	35.8	37.3	36.6

## Metabolic risk factors

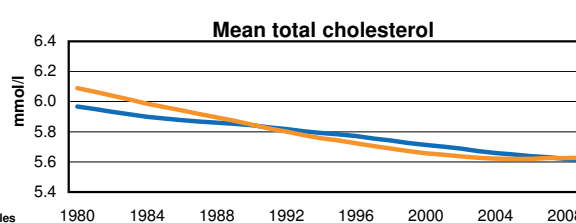
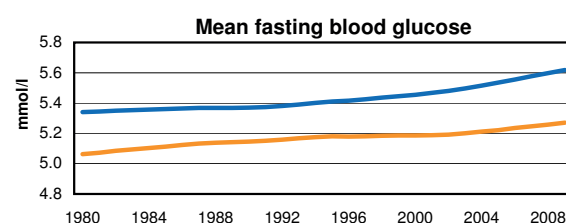
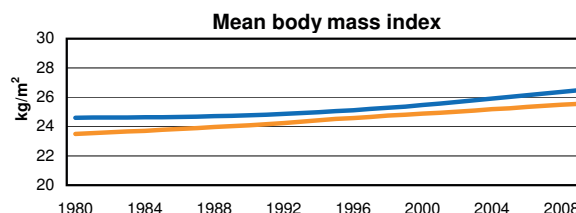
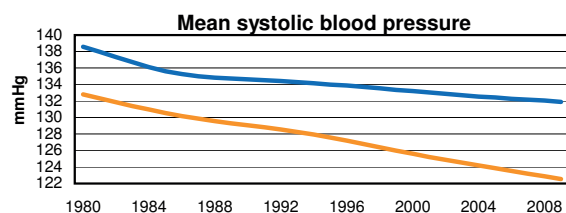
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	45.6	36.7	41.0
Raised blood glucose	...	...	...
Overweight	57.8	46.2	51.9
Obesity	18.7	17.6	18.2
Raised cholesterol	70.9	68.5	69.7

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 90% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	No	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

\*\* = covered by integrated policy/programme/action plan

# Djibouti

2010 total population: 888 716

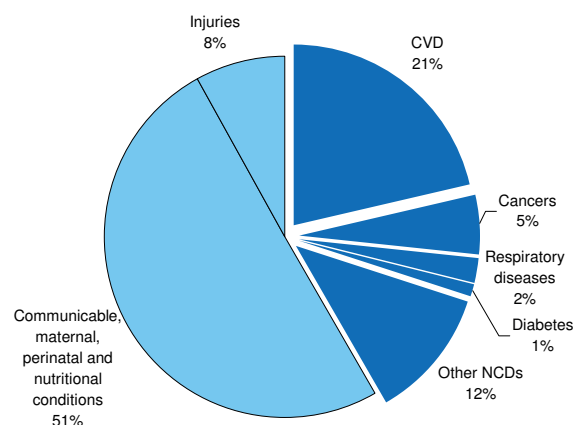
Income group: Lower middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	1.6	1.6
NCD deaths under age 60	41.8	41.4
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	878.1	748.9
Cancers	95.1	80.4
Chronic respiratory diseases	56.4	43.8
Cardiovascular diseases and diabetes	525.6	452.8

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	...	...	...
Physical inactivity	...	...	...

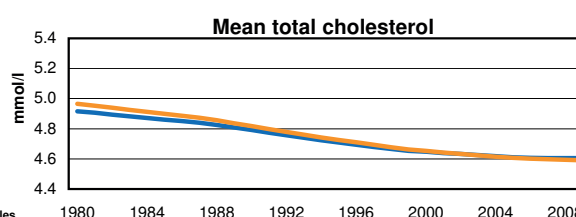
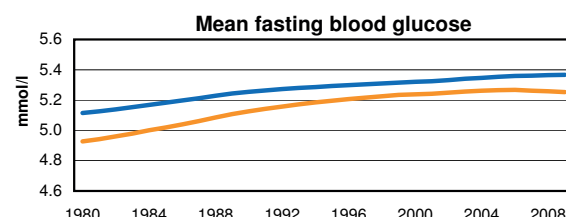
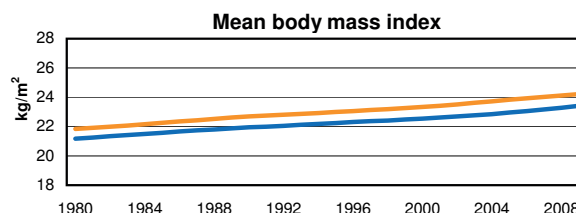
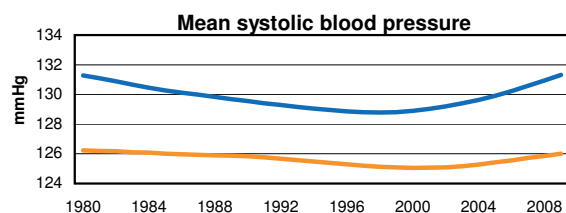
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 42% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	DK	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	2/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available  
DK = Country responded "don't know"





# Dominica

2010 total population: 67 757

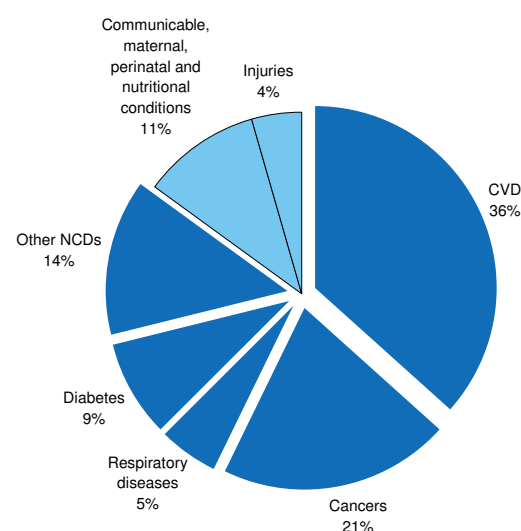
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.2	0.2
NCD deaths under age 60 (percent of all NCD deaths)	26.9	18.1
<i>Age-standardized death rate per 100 000</i>		
All NCDs	681.9	518.7
Cancers	190.9	116.4
Chronic respiratory diseases	53.7	24.1
Cardiovascular diseases and diabetes	314.8	300.8

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	7.0	2.9	4.9
Physical inactivity	14.9	36.2	25.5

Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	49.1	44.7	46.8
Raised blood glucose	15.4	20.9	18.2
Overweight	41.2	71.0	56.5
Obesity	10.0	39.0	24.9
Raised cholesterol	31.7	43.7	37.9

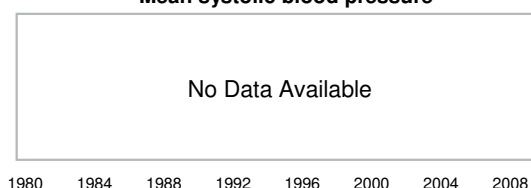
Proportional mortality (% of total deaths, all ages)



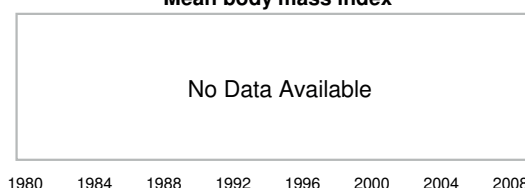
NCDs are estimated to account for 85% of all deaths.

## Metabolic risk factor trends

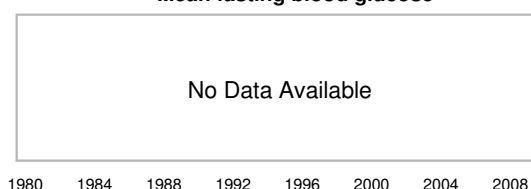
Mean systolic blood pressure



Mean body mass index



Mean fasting blood glucose



Mean total cholesterol



■ Males  
■ Females

## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	NR
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
<i>National health reporting system includes:</i>		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	NR
NCD morbidity	Yes	Physical inactivity	NR
NCD risk factors	Yes	Tobacco	NR
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

NR = Country replied to survey but did not give a response to specific question

# Dominican Republic

2010 total population: 9 927 320

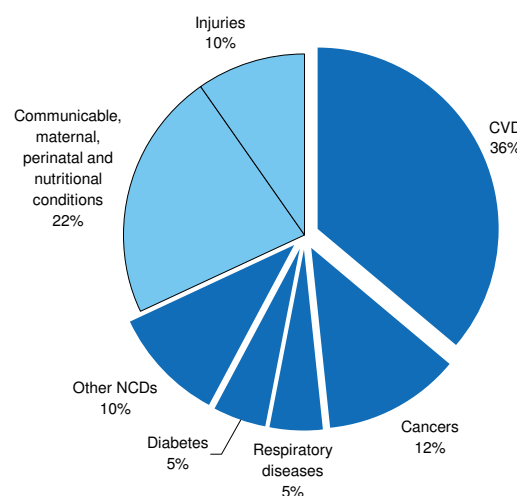
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	21.7	22.4
NCD deaths under age 60 (percent of all NCD deaths)	22.7	20.8
<i>Age-standardized death rate per 100 000</i>		
All NCDs	545.6	530.5
Cancers	108.9	96.4
Chronic respiratory diseases	36.0	36.0
Cardiovascular diseases and diabetes	312.3	328.7

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	13.6	10.2	11.9
Physical inactivity	56.1	62.1	59.1

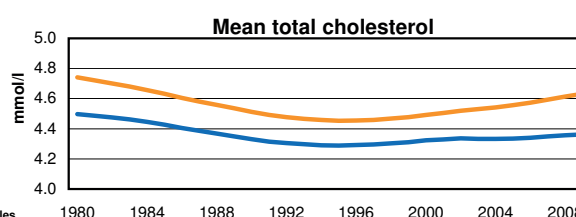
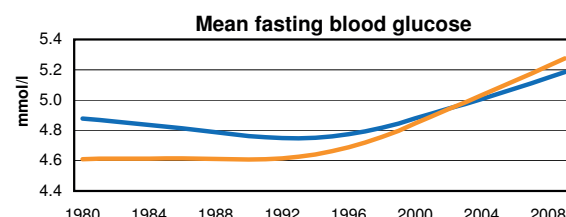
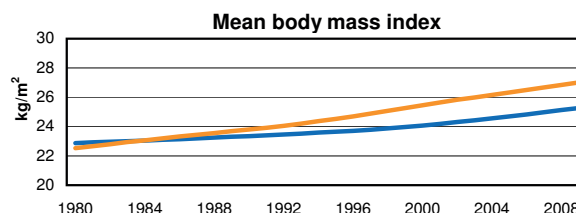
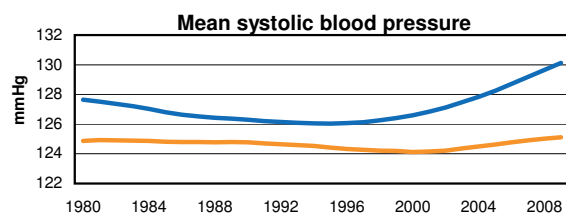
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	41.9	36.0	39.0
Raised blood glucose	7.4	8.3	7.8
Overweight	48.8	59.8	54.3
Obesity	14.0	28.3	21.2
Raised cholesterol	27.5	34.5	31.1

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 68% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	DK
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	NR	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

NR = Country replied to survey but did not give a response to specific question  
DK = Country responded "don't know"



# Ecuador

2010 total population: 14 464 739

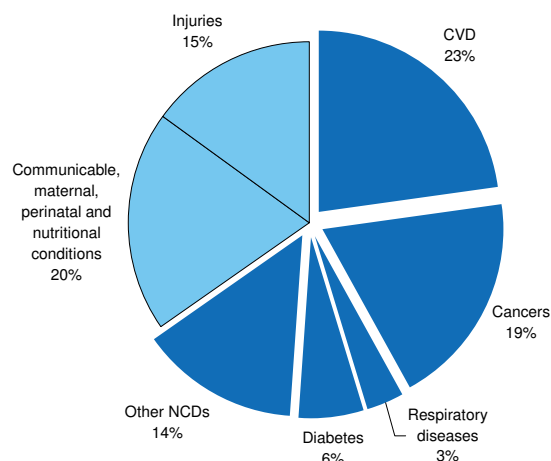
Income group: Lower middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	23.9	21.1
NCD deaths under age 60 (percent of all NCD deaths)	30.6	28.4
<i>Age-standardized death rate per 100 000</i>		
All NCDs	434.0	335.7
Cancers	122.4	116.4
Chronic respiratory diseases	23.4	14.1
Cardiovascular diseases and diabetes	190.3	143.4

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	5.7	1.3	3.5
Physical inactivity	36.8	47.8	42.3

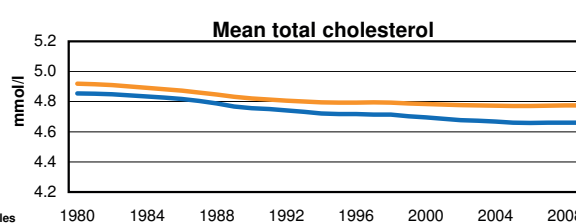
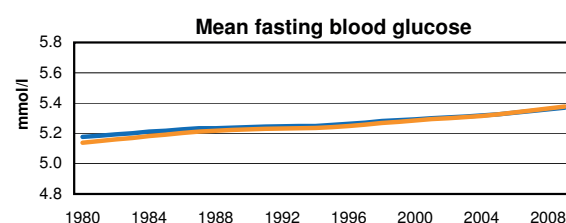
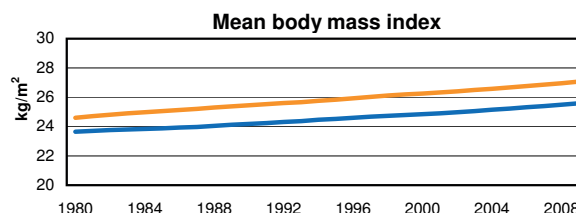
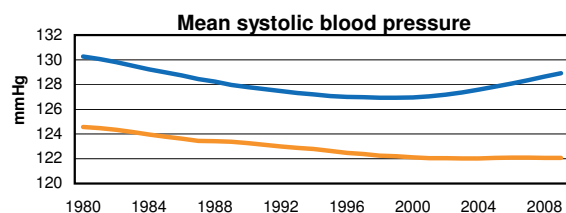
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	50.8	59.2	55.0
Obesity	15.2	27.4	21.4
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 65% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
		Alcohol	Yes
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	No
NCD cause-specific mortality	Yes	Physical inactivity	No
NCD morbidity	No	Tobacco	Yes
NCD risk factors	No		
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

# Egypt

2010 total population: 81 121 077

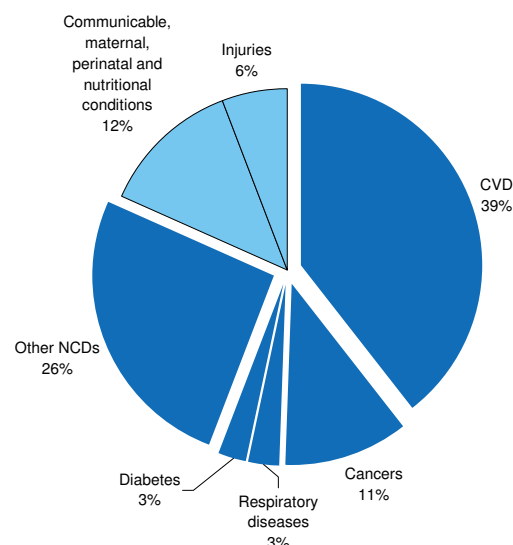
Income group: Lower middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	198.9	172.2
NCD deaths under age 60 (percent of all NCD deaths)	38.1	27.8
<i>Age-standardized death rate per 100 000</i>		
All NCDs	829.7	660.0
Cancers	107.3	76.1
Chronic respiratory diseases	33.2	24.3
Cardiovascular diseases and diabetes	427.3	384.0

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	35.1	0.5	17.8
Physical inactivity	...	...	...

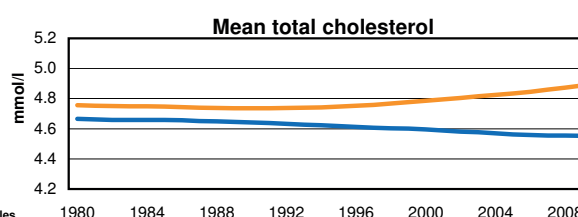
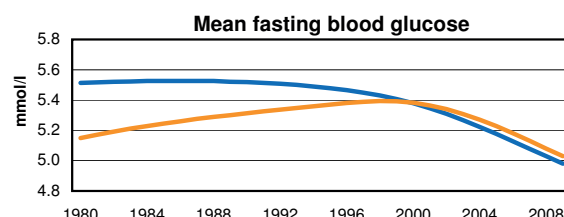
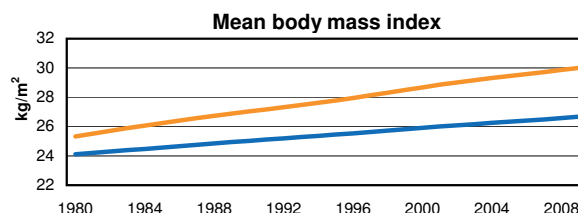
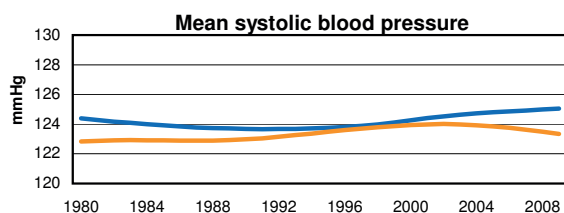
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	35.5	34.5	35.0
Raised blood glucose	6.2	6.9	6.5
Overweight	60.4	75.3	67.9
Obesity	21.4	44.5	33.1
Raised cholesterol	33.3	43.7	38.6

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 82% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available

\*\* = covered by integrated policy/programme/action plan



# El Salvador

2010 total population: 6 192 993

Income group: Lower middle

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	13.5	15.0
NCD deaths under age 60 (percent of all NCD deaths)	30.3	21.7
Age-standardized death rate per 100 000		
All NCDs	539.3	449.4
Cancers	78.5	113.2
Chronic respiratory diseases	29.0	27.0
Cardiovascular diseases and diabetes	201.0	203.6

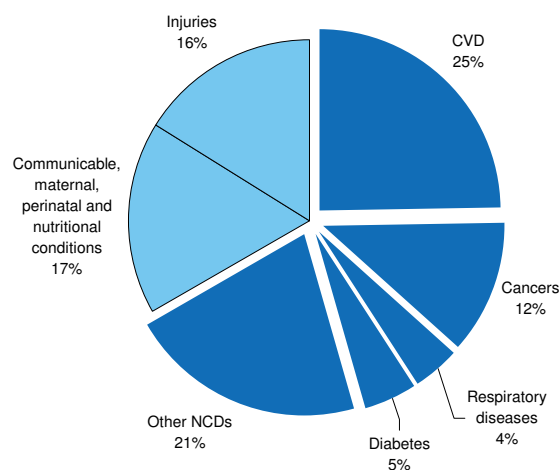
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	...	...	...
Physical inactivity	...	...	...

## Metabolic risk factors

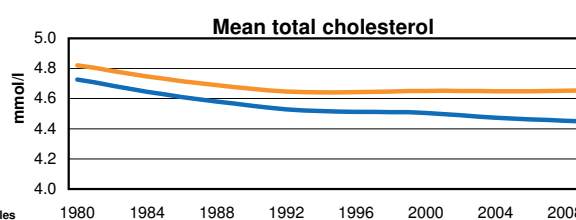
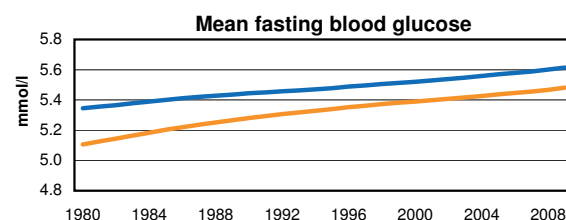
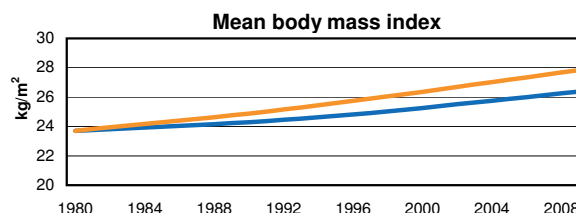
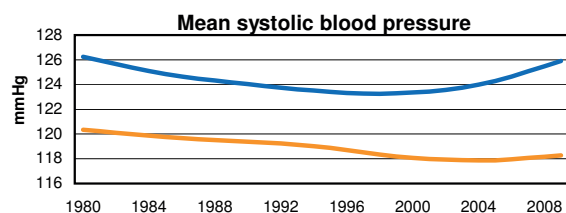
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	35.6	28.6	31.9
Raised blood glucose	10.0	9.9	9.9
Overweight	57.5	64.4	61.1
Obesity	19.2	31.8	25.8
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 67% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

# Equatorial Guinea

2010 total population: 700 401

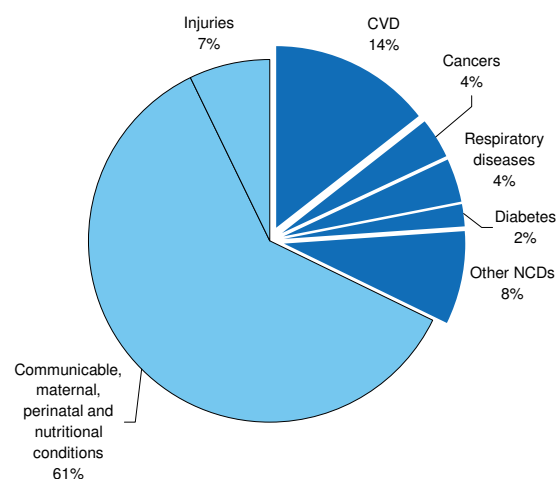
Income group: High

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	1.3	1.4
NCD deaths under age 60	50.3	49.6
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	889.7	810.0
Cancers	85.0	80.6
Chronic respiratory diseases	132.3	77.1
Cardiovascular diseases and diabetes	476.4	491.5

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
Physical inactivity	...	...	...

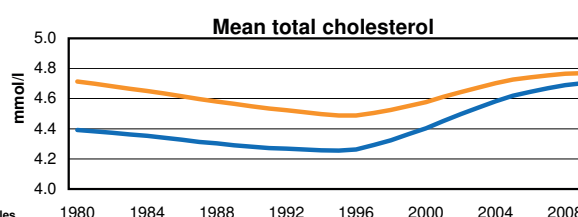
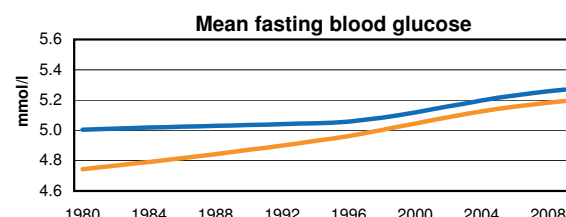
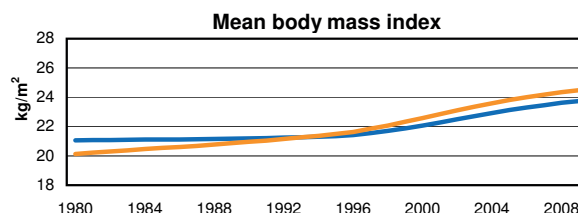
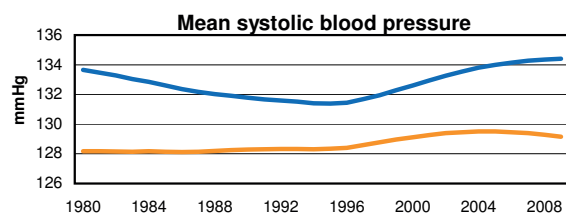
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 32% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	No	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available



# Eritrea

2010 total population: 5 253 676

Income group: Low

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	5.6	6.3
NCD deaths under age 60 (percent of all NCD deaths)	45.7	36.3
Age-standardized death rate per 100 000		
All NCDs	759.3	599.8
Cancers	92.2	80.0
Chronic respiratory diseases	109.9	52.2
Cardiovascular diseases and diabetes	402.7	363.1

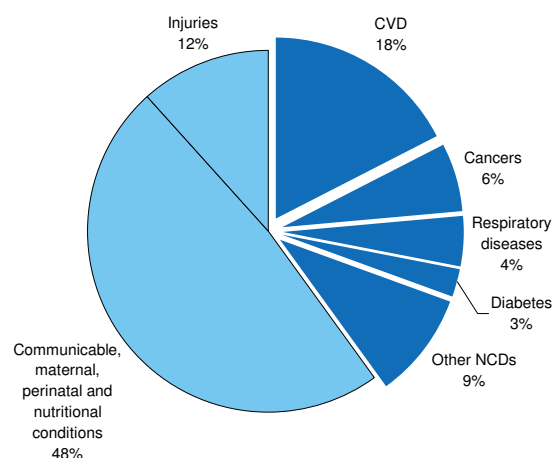
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	9.7	0.4	4.9
Physical inactivity	23.9	52.1	38.5

## Metabolic risk factors

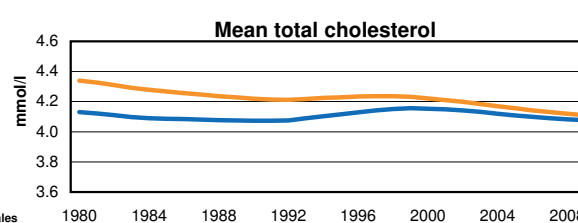
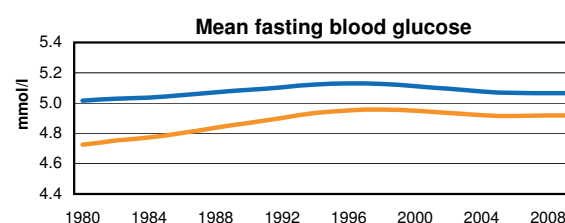
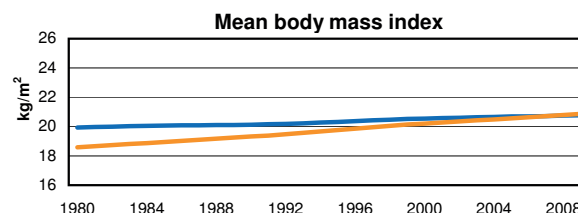
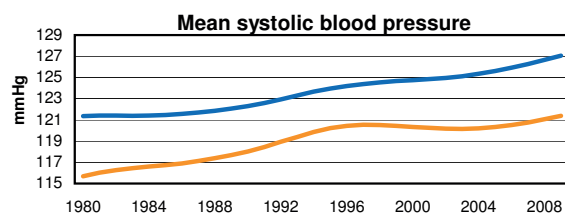
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	33.9	29.8	31.7
Raised blood glucose	...	...	...
Overweight	8.4	9.7	9.1
Obesity	1.1	1.8	1.5
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 40% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

# Estonia

2010 total population: 1 341 140

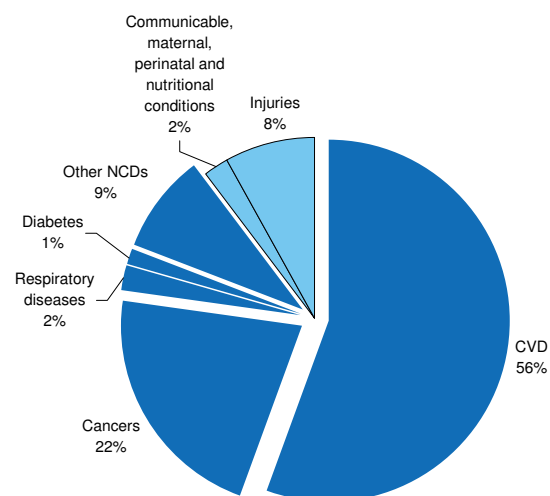
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	7.2	7.8
NCD deaths under age 60 (percent of all NCD deaths)	21.8	8.8
<i>Age-standardized death rate per 100 000</i>		
All NCDs	823.9	391.0
Cancers	219.9	103.1
Chronic respiratory diseases	27.8	5.7
Cardiovascular diseases and diabetes	469.4	233.4

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	39.2	17.3	27.2
Physical inactivity	16.6	22.1	19.6

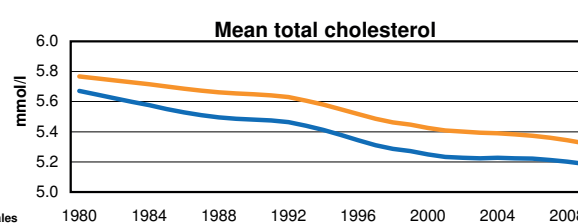
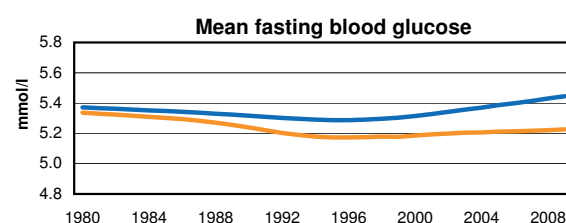
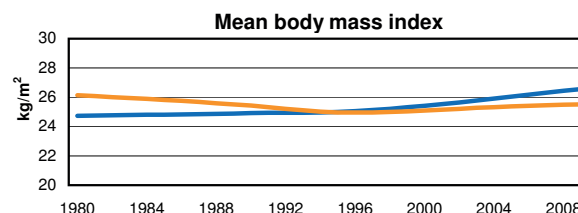
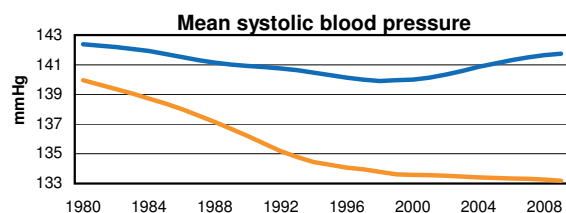
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	56.0	52.7	54.1
Raised blood glucose	9.7	9.8	9.7
Overweight	59.0	49.4	53.7
Obesity	20.9	20.4	20.6
Raised cholesterol	56.8	61.1	59.2

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 90% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\*\* = covered by integrated policy/programme/action plan





# Ethiopia

2010 total population: 82 949 541

Income group: Low

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	161.4	176.9
NCD deaths under age 60 (percent of all NCD deaths)	46.2	46.1
Age-standardized death rate per 100 000		
All NCDs	922.7	875.8
Cancers	97.5	87.4
Chronic respiratory diseases	135.3	85.3
Cardiovascular diseases and diabetes	486.1	530.3

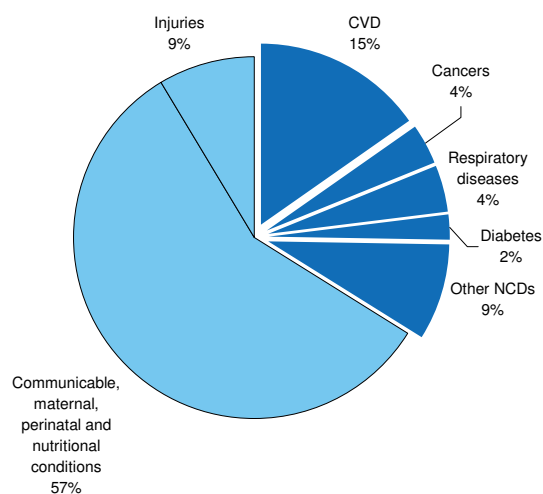
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	4.5	0.2	2.4
Physical inactivity	15.4	20.4	17.9

## Metabolic risk factors

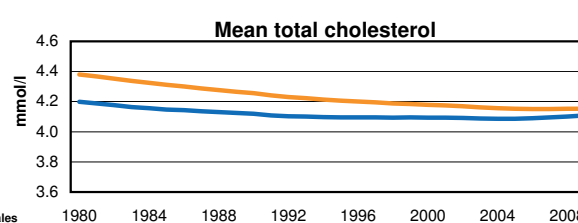
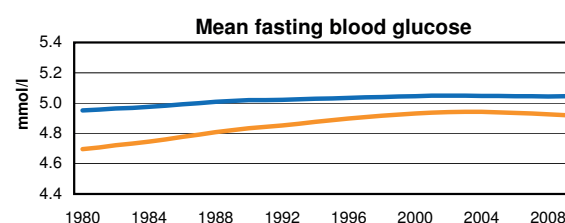
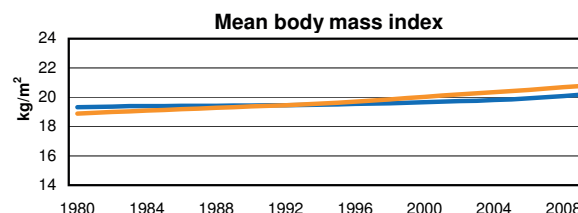
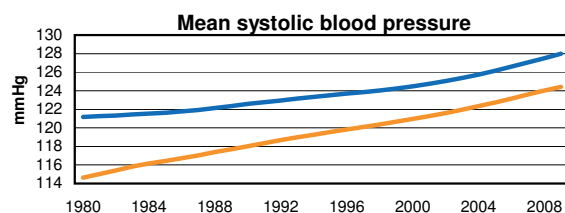
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	37.3	33.2	35.2
Raised blood glucose	...	...	...
Overweight	6.2	8.6	7.4
Obesity	0.7	1.5	1.1
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 34% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

# Fiji

2010 total population: 860 623

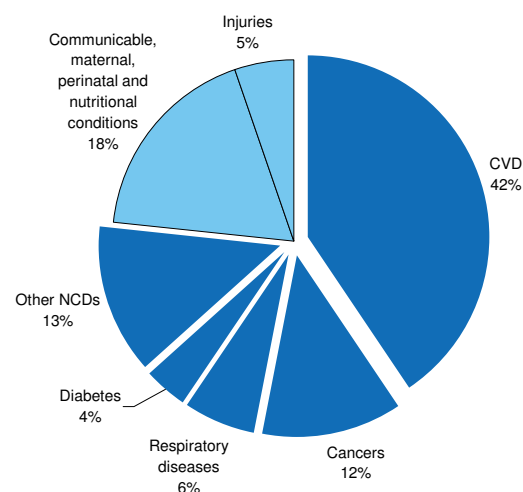
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	2.4	1.8
NCD deaths under age 60	45.6	38.0
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	928.4	590.9
Cancers	106.2	121.6
Chronic respiratory diseases	91.1	44.2
Cardiovascular diseases and diabetes	579.9	328.2

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	15.0	1.7	8.4
Physical inactivity	...	...	...

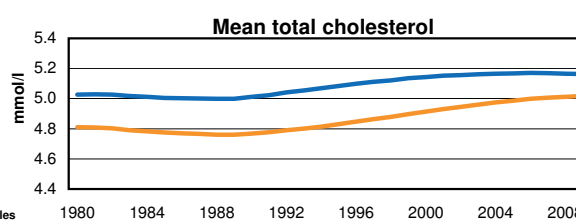
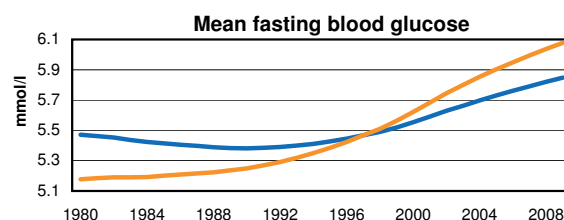
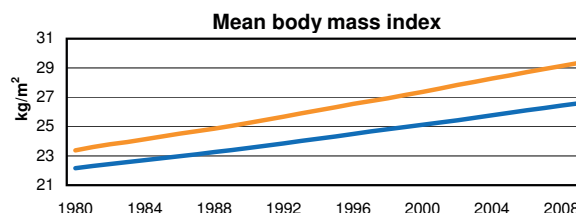
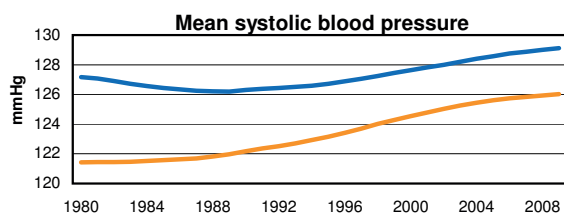
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	40.1	37.5	38.8
Raised blood glucose	12.0	15.6	13.8
Overweight	58.3	71.7	65.0
Obesity	20.3	41.1	30.6
Raised cholesterol	56.1	48.9	52.5

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 77% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
<i>National health reporting system includes:</i>		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

\*\* = covered by integrated policy/programme/action plan



# Finland

2010 total population: 5 364 546

Income group: High

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	20.4	22.0
NCD deaths under age 60 (percent of all NCD deaths)	16.8	7.9
Age-standardized death rate per 100 000		
All NCDs	452.4	264.8
Cancers	126.7	85.3
Chronic respiratory diseases	19.9	7.0
Cardiovascular diseases and diabetes	210.5	106.3

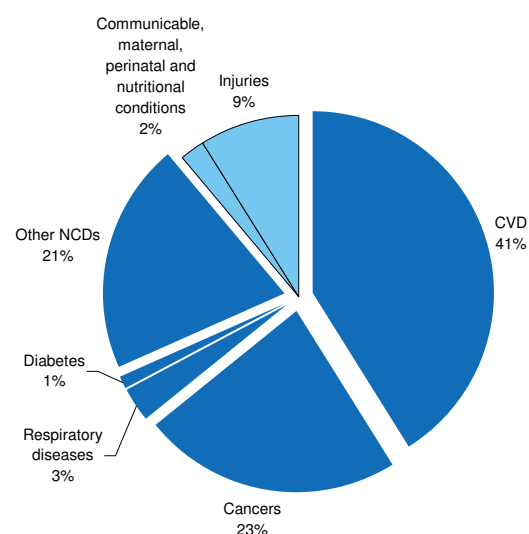
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	24.4	15.8	20.0
Physical inactivity	43.3	38.5	40.8

## Metabolic risk factors

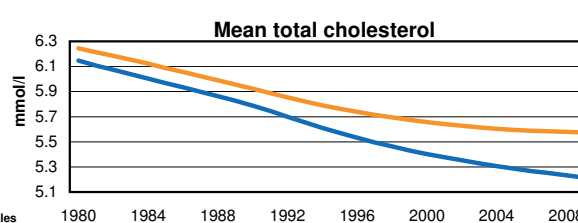
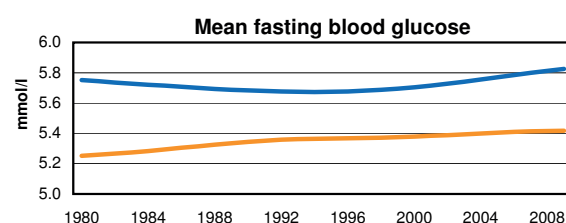
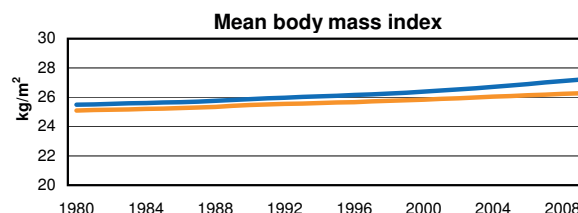
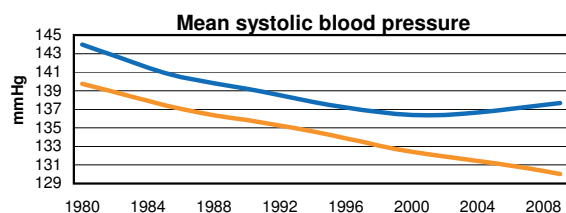
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	52.3	46.3	49.2
Raised blood glucose	12.4	8.3	10.3
Overweight	63.4	52.9	58.0
Obesity	23.3	22.8	23.0
Raised cholesterol	59.2	67.4	63.5

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 89% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\*\* = covered by integrated policy/programme/action plan

# France

2010 total population: 62 787 427

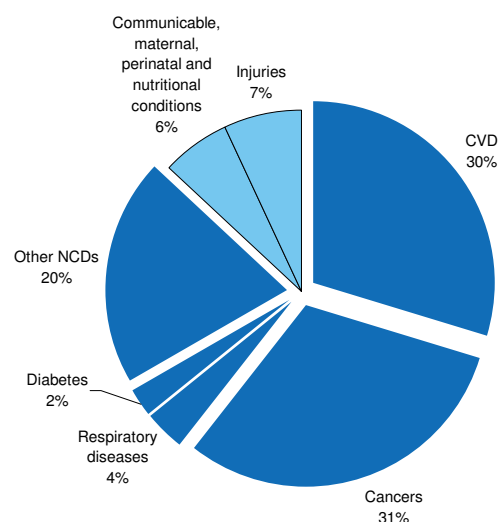
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	233.4	221.0
NCD deaths under age 60 (percent of all NCD deaths)	17.0	9.3
<i>Age-standardized death rate per 100 000</i>		
All NCDs	419.0	224.8
Cancers	183.4	93.7
Chronic respiratory diseases	18.8	7.4
Cardiovascular diseases and diabetes	128.3	69.2

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	27.4	20.1	23.6
Physical inactivity	29.1	36.5	33.0

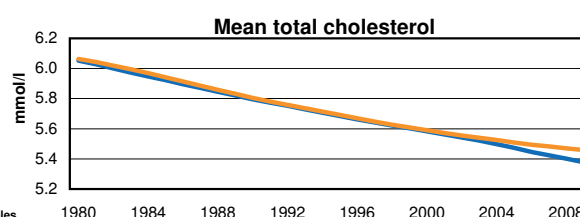
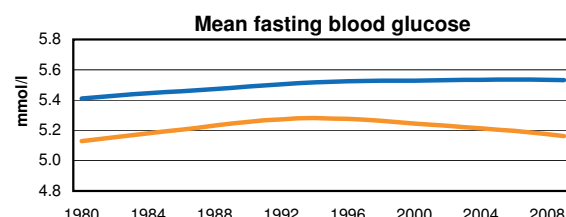
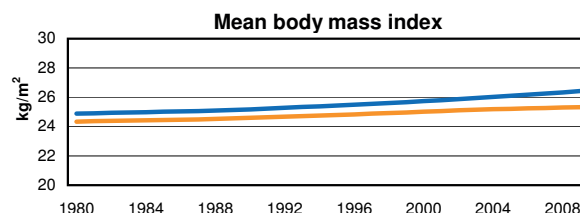
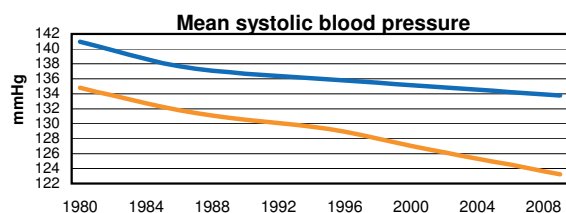
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	47.5	38.4	42.7
Raised blood glucose	8.2	5.5	6.8
Overweight	56.4	45.4	50.7
Obesity	19.1	17.4	18.2
Raised cholesterol	64.9	65.5	65.2

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 87% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>
<i>There is funding available for:</i>		
NCD treatment and control	Yes	
NCD prevention and health promotion	Yes	
NCD surveillance, monitoring and evaluation	Yes	
<i>National health reporting system includes:</i>		
NCD cause-specific mortality	Yes	
NCD morbidity	Yes	
NCD risk factors	Yes	
Has a national, population-based cancer registry	Yes	
		Cardiovascular diseases NR Cancer Yes Chronic respiratory diseases Yes Diabetes NR Alcohol No Unhealthy diet / Overweight / Obesity Yes Physical inactivity NR Tobacco Yes Number of tobacco (m)POWER measures implemented at the highest level of achievement 2/5

NR = Country replied to survey but did not give a response to specific question



# Gabon

2010 total population: 1 505 463

Income group: Upper middle

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	3.0	2.6
NCD deaths under age 60 (percent of all NCD deaths)	32.8	27.7
Age-standardized death rate per 100 000		
All NCDs	734.8	561.2
Cancers	78.5	71.9
Chronic respiratory diseases	108.9	48.4
Cardiovascular diseases and diabetes	396.3	343.5

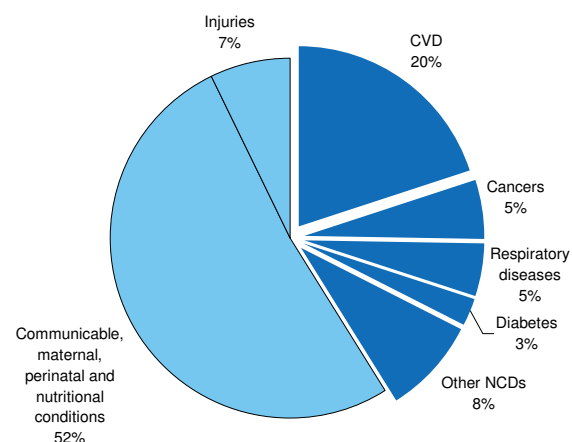
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	16.3	2.3	9.3
Physical inactivity	23.3	44.2	33.9

## Metabolic risk factors

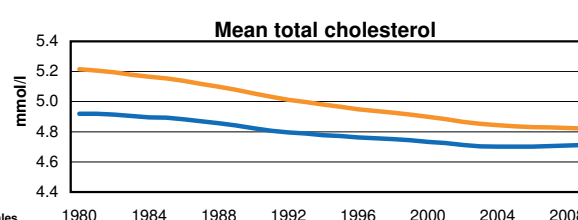
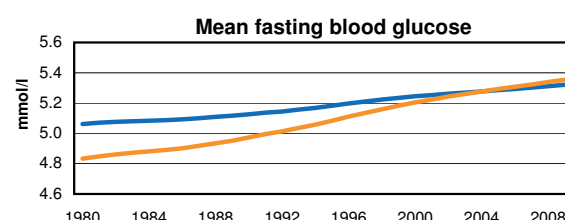
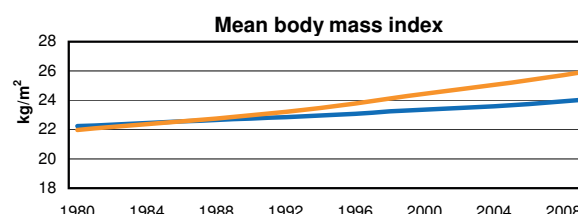
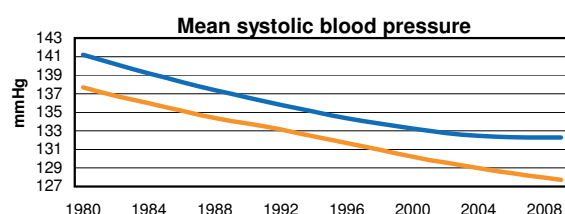
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	43.9	38.7	41.3
Raised blood glucose	...	...	...
Overweight	34.4	49.1	41.8
Obesity	7.7	20.0	13.9
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 41% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	No	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

\*\* = covered by integrated policy/programme/action plan

# Gambia

2010 total population: 1 728 394

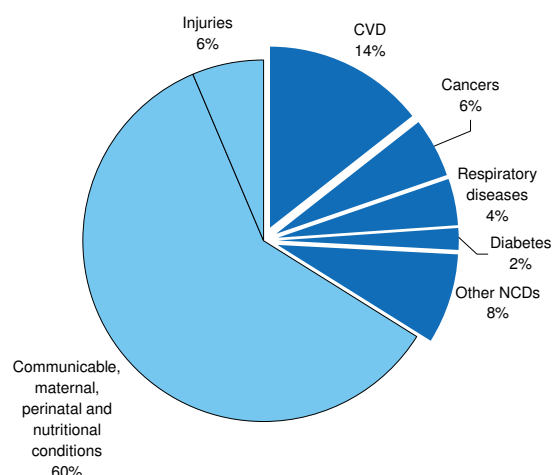
Income group: Low

NCD mortality*		
2008 estimates		
Total NCD deaths (000s)	males	females
	2.5	2.7
NCD deaths under age 60	48.5	48.4
(percent of all NCD deaths)		
Age-standardized death rate per 100 000		
All NCDs	779.6	720.1
Cancers	112.3	87.0
Chronic respiratory diseases	110.0	65.9
Cardiovascular diseases and diabetes	400.6	433.3

Behavioural risk factors			
2008 estimated prevalence (%)			
Current daily tobacco smoking	males	females	total
	31.1	2.8	16.7
Physical inactivity	17.2	26.0	21.7

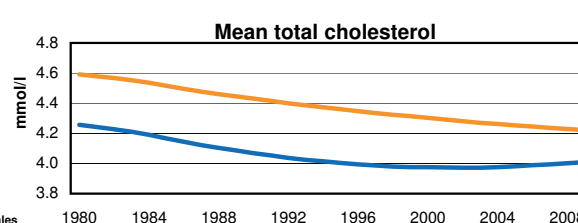
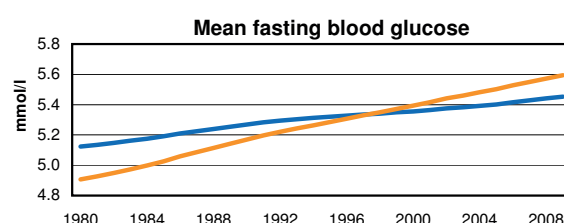
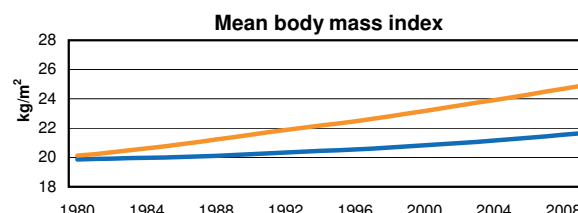
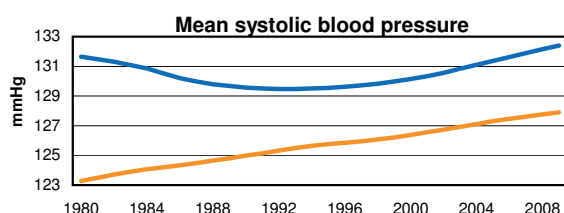
Metabolic risk factors			
2008 estimated prevalence (%)			
Raised blood pressure	males	females	total
	43.6	38.7	41.1
Raised blood glucose	8.8	10.3	9.6
Overweight	13.8	39.3	26.7
Obesity	2.1	13.6	7.9
Raised cholesterol	17.9	21.9	19.9

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 34% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	No	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).



# Georgia

2010 total population: 4 352 244

Income group: Lower middle

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	23.0	22.0
NCD deaths under age 60 (percent of all NCD deaths)	25.5	11.8
Age-standardized death rate per 100 000		
All NCDs	858.4	490.8
Cancers	116.3	77.8
Chronic respiratory diseases	14.7	8.4
Cardiovascular diseases and diabetes	650.0	376.4

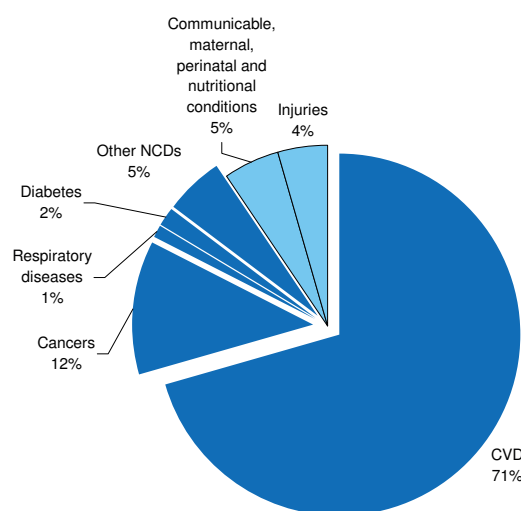
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	49.4	3.7	24.7
Physical inactivity	21.3	24.2	22.9

## Metabolic risk factors

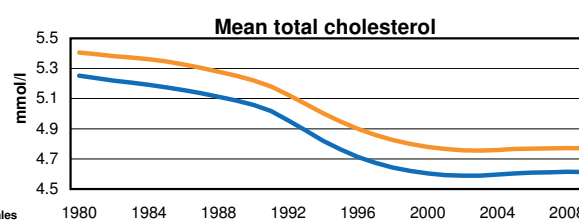
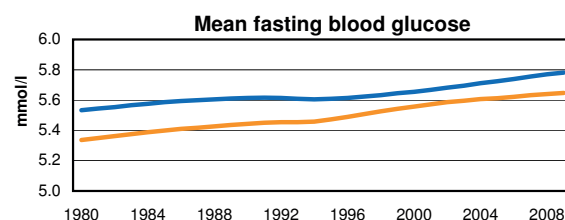
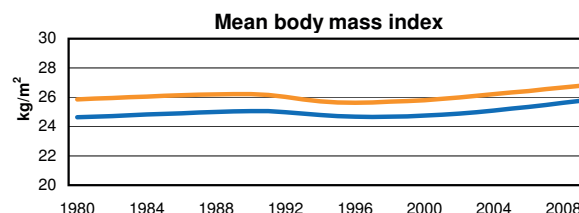
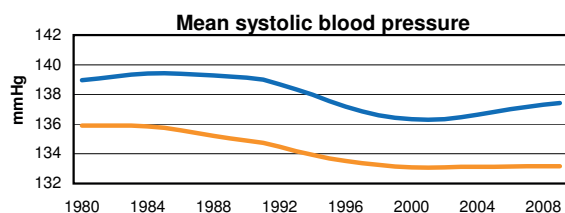
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	52.8	50.3	51.4
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 91% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

# Germany

2010 total population: 82 302 465

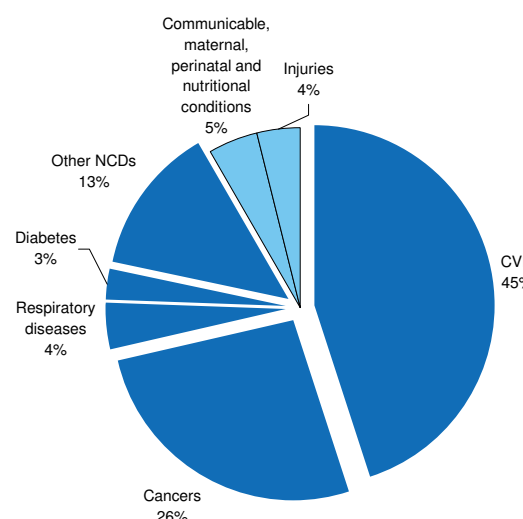
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	351.6	409.0
NCD deaths under age 60 (percent of all NCD deaths)	14.5	7.0
<i>Age-standardized death rate per 100 000</i>		
All NCDs	459.8	290.3
Cancers	155.7	99.1
Chronic respiratory diseases	24.2	10.9
Cardiovascular diseases and diabetes	206.6	133.7

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	28.3	18.6	23.3
Physical inactivity	29.7	31.1	30.4

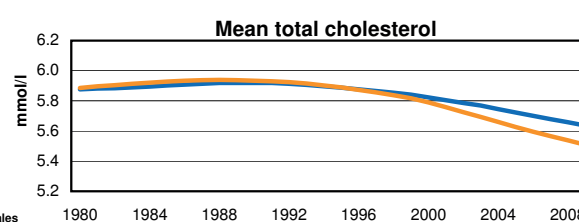
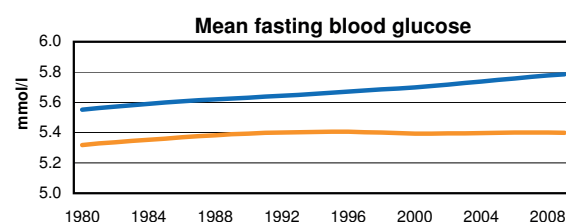
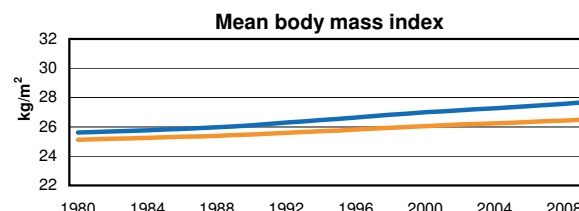
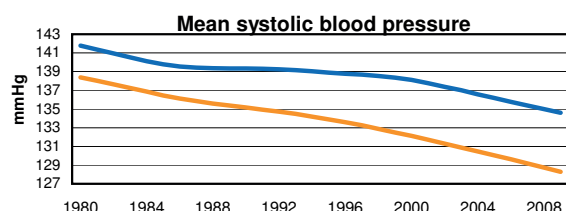
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	49.8	44.8	47.2
Raised blood glucose	11.9	9.5	10.6
Overweight	66.8	54.5	60.5
Obesity	25.9	24.4	25.1
Raised cholesterol	72.2	67.4	69.7

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 92% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes
National health reporting system includes:		Alcohol	Yes
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\*\* = covered by integrated policy/programme/action plan





# Ghana

2010 total population: 24 391 823

Income group: Low

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	49.8	36.4
NCD deaths under age 60 (percent of all NCD deaths)	46.4	38.5
Age-standardized death rate per 100 000		
All NCDs	816.9	595.3
Cancers	89.9	99.0
Chronic respiratory diseases	126.5	54.5
Cardiovascular diseases and diabetes	426.6	343.5

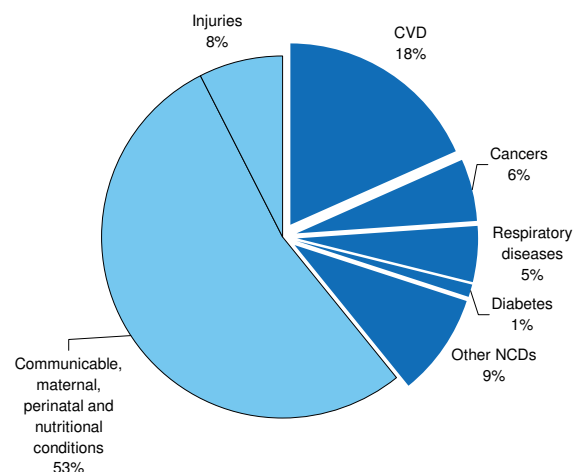
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	7.0	1.7	4.4
Physical inactivity	13.0	19.3	16.1

## Metabolic risk factors

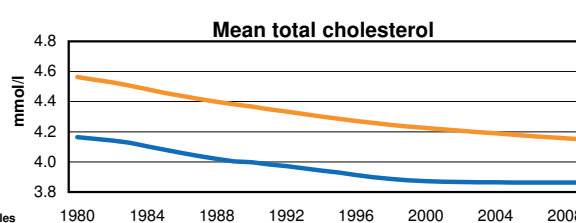
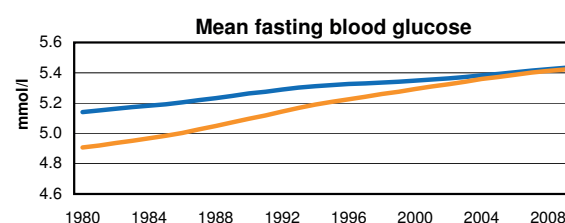
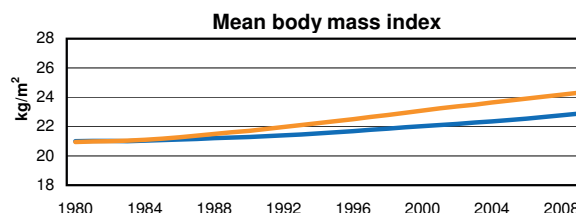
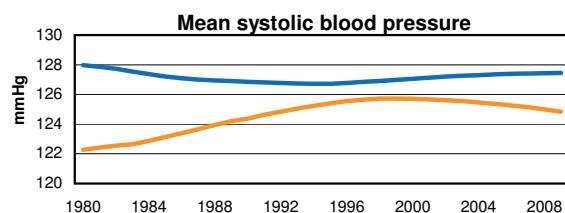
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	37.6	35.2	36.4
Raised blood glucose	8.6	9.0	8.8
Overweight	23.1	34.9	28.9
Obesity	4.1	10.9	7.5
Raised cholesterol	15.3	19.8	17.6

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 39% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	Yes
NCD risk factors	Yes	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

World Health Organization - NCD Country Profiles, 2011.

# Greece

2010 total population: 11 359 346

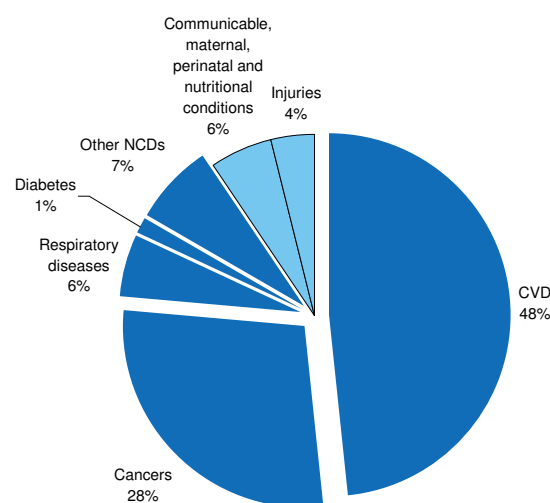
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	47.3	41.3
NCD deaths under age 60 (percent of all NCD deaths)	13.3	7.5
<i>Age-standardized death rate per 100 000</i>		
All NCDs	444.5	289.4
Cancers	164.5	87.3
Chronic respiratory diseases	26.7	16.4
Cardiovascular diseases and diabetes	215.0	158.0

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	59.0	30.1	44.3
Physical inactivity	20.2	15.5	17.8

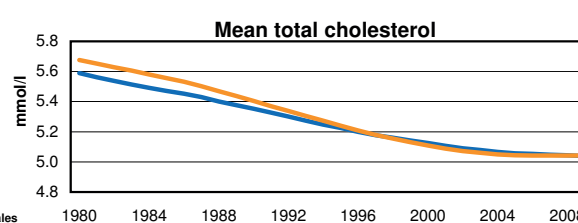
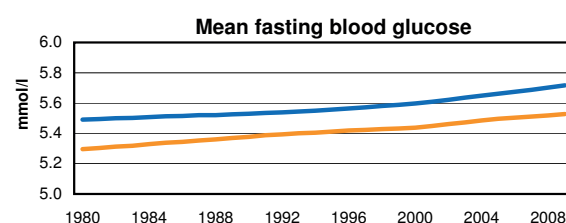
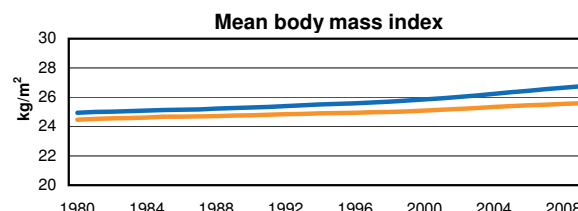
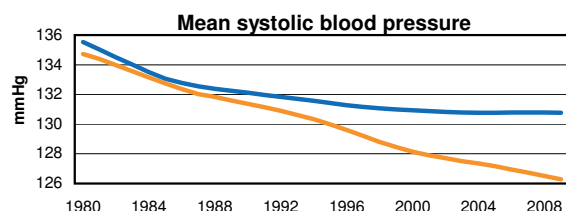
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	43.8	41.4	42.6
Raised blood glucose	11.2	10.5	10.8
Overweight	59.7	47.9	53.7
Obesity	20.4	19.9	20.1
Raised cholesterol	51.3	50.7	51.0

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 91% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	DK	Cancer	No
NCD prevention and health promotion	DK	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
		Alcohol	No
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	No
NCD cause-specific mortality	Yes	Physical inactivity	No
NCD morbidity	Yes	Tobacco	No
NCD risk factors	No		
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	2/5

DK = Country responded "don't know"



# Grenada

2010 total population: 104 487

Income group: Upper middle

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	0.3	0.3
NCD deaths under age 60 (percent of all NCD deaths)	36.8	27.7
Age-standardized death rate per 100 000		
All NCDs	722.1	441.6
Cancers	214.6	111.3
Chronic respiratory diseases	28.9	9.4
Cardiovascular diseases and diabetes	345.7	253.3

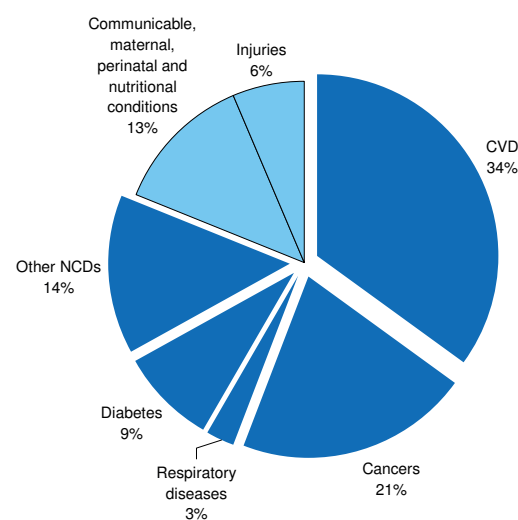
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	...	...	...
Physical inactivity	...	...	...

## Metabolic risk factors

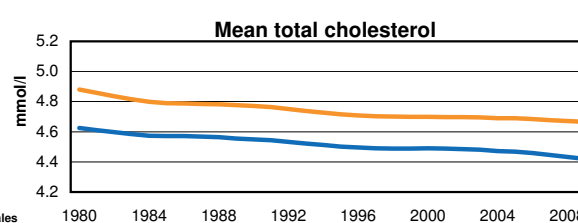
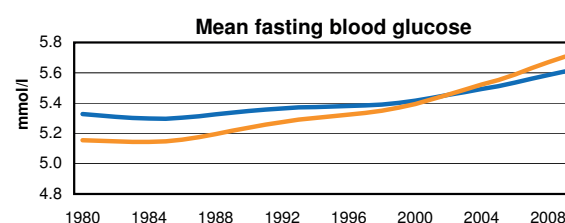
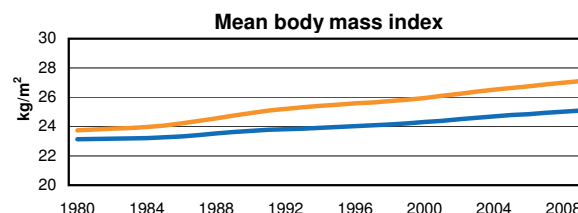
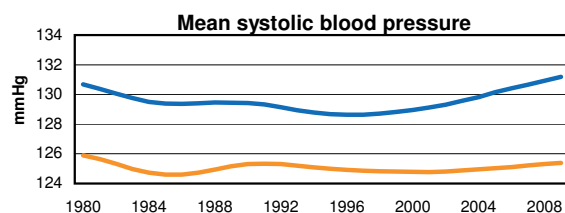
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 81% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	ND	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	ND
NCD treatment and control	ND	Cancer	ND
NCD prevention and health promotion	ND	Chronic respiratory diseases	ND
NCD surveillance, monitoring and evaluation	ND	Diabetes	ND
National health reporting system includes:		Alcohol	ND
NCD cause-specific mortality	ND	Unhealthy diet / Overweight / Obesity	ND
NCD morbidity	ND	Physical inactivity	ND
NCD risk factors	ND	Tobacco	ND
Has a national, population-based cancer registry	ND	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

ND = Country did not respond to country capacity survey

# Guatemala

2010 total population: 14 388 929

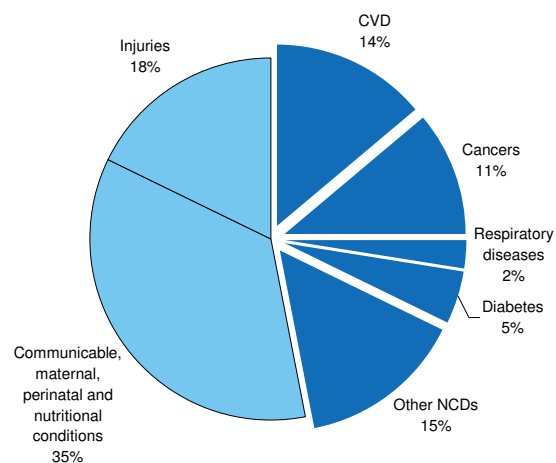
Income group: Lower middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	19.6	18.6
NCD deaths under age 60 (percent of all NCD deaths)	42.3	37.5
<i>Age-standardized death rate per 100 000</i>		
All NCDs	503.0	420.9
Cancers	110.3	118.6
Chronic respiratory diseases	23.3	17.6
Cardiovascular diseases and diabetes	188.6	189.9

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	7.3	0.8	3.9
Physical inactivity	14.6	16.4	15.6

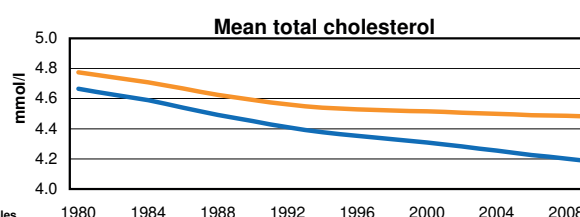
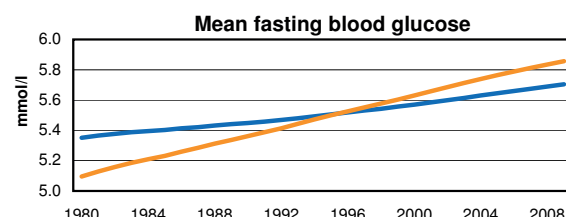
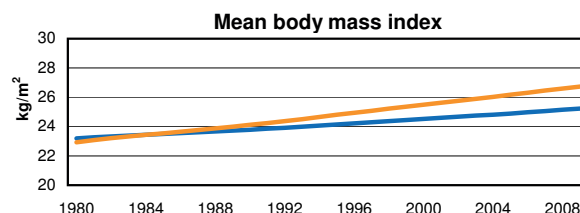
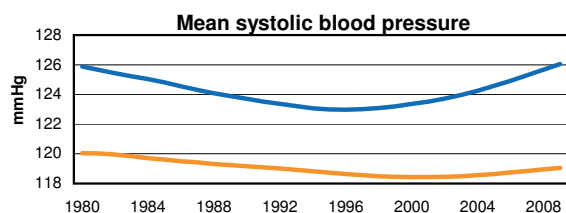
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	36.7	28.5	32.3
Raised blood glucose	10.7	12.6	11.7
Overweight	46.4	56.0	51.5
Obesity	12.8	24.8	19.2
Raised cholesterol	22.7	29.6	26.4

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 47% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\*\* = covered by integrated policy/programme/action plan



# Guinea

2010 total population: 9 981 590

Income group: Low

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	23.0	21.2
NCD deaths under age 60 (percent of all NCD deaths)	53.4	45.7
Age-standardized death rate per 100 000		
All NCDs	1035.5	841.8
Cancers	98.1	106.3
Chronic respiratory diseases	153.9	79.1
Cardiovascular diseases and diabetes	543.6	494.9

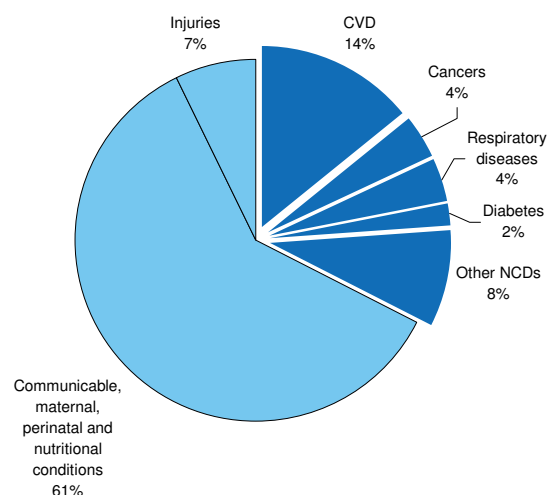
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	22.7	1.4	12.1
Physical inactivity	4.0	15.7	9.8

## Metabolic risk factors

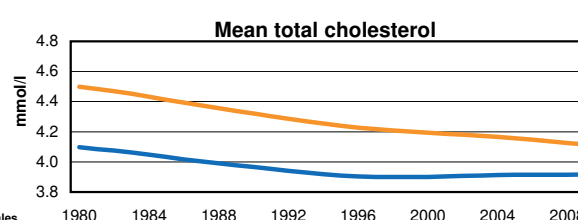
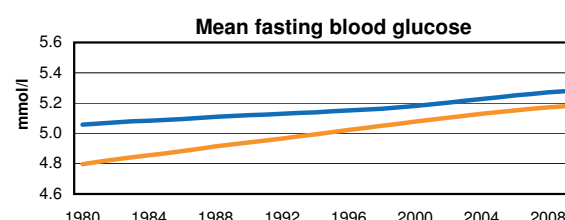
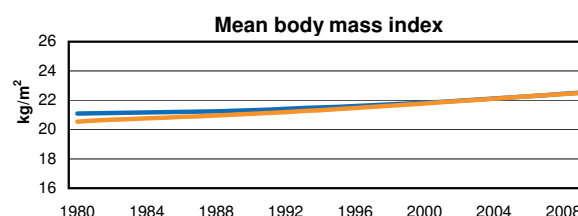
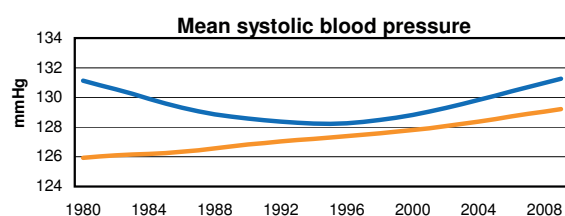
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	...	...	...
Raised blood glucose	...	...	...
Overweight	20.8	20.0	20.4
Obesity	3.9	4.8	4.4
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 32% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	No	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	Yes
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	DK
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available  
DK = Country responded "don't know"

World Health Organization - NCD Country Profiles, 2011.

# Guinea-Bissau

2010 total population: 1 515 224

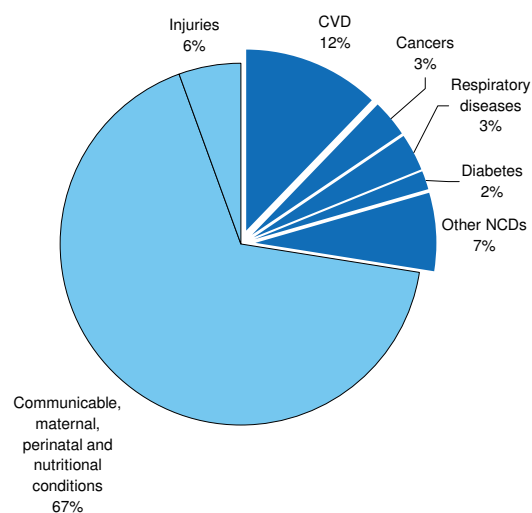
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males 3.5	females 3.8
NCD deaths under age 60 (percent of all NCD deaths)	males 47.1	females 44.9
<i>Age-standardized death rate per 100 000</i>		
All NCDs	males 944.6	females 874.0
Cancers	males 90.4	females 97.8
Chronic respiratory diseases	males 139.8	females 83.0
Cardiovascular diseases and diabetes	males 502.4	females 523.3

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males ...	females ...	total ...
Physical inactivity	males ...	females ...	total ...

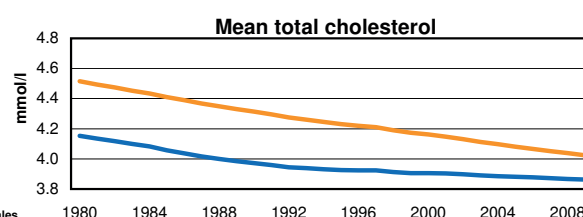
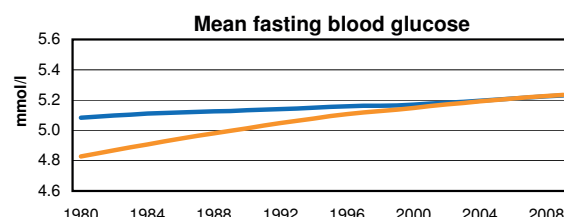
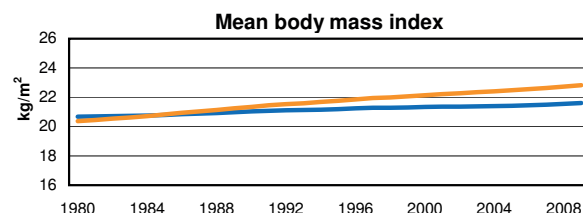
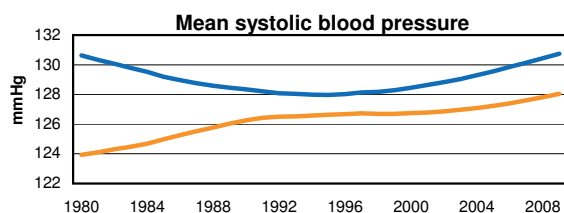
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males ...	females ...	total ...
Raised blood glucose	males ...	females ...	total ...
Overweight	males ...	females ...	total ...
Obesity	males ...	females ...	total ...
Raised cholesterol	males ...	females ...	total ...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 28% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available



# Guyana

2010 total population: 754 493

Income group: Lower middle

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	2.3	2.0
NCD deaths under age 60 (percent of all NCD deaths)	37.7	35.2
Age-standardized death rate per 100 000		
All NCDs	735.0	602.4
Cancers	85.1	80.4
Chronic respiratory diseases	26.9	14.4
Cardiovascular diseases and diabetes	475.2	427.8

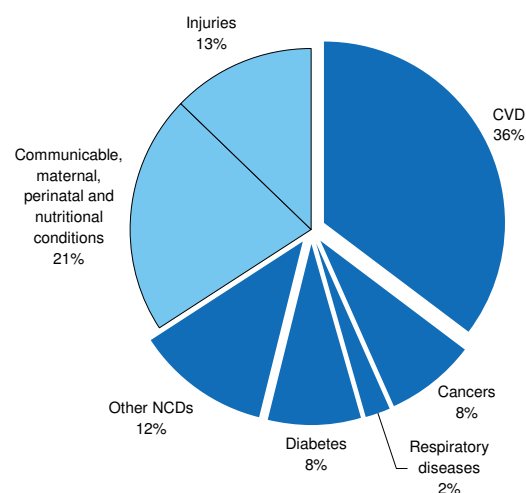
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	...	...	...
Physical inactivity	...	...	...

## Metabolic risk factors

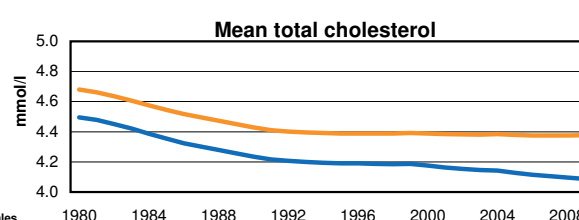
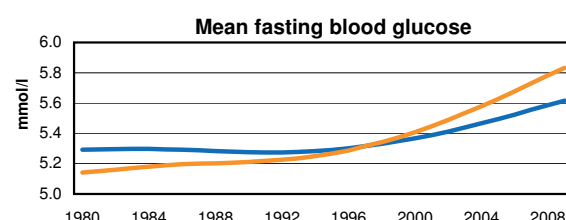
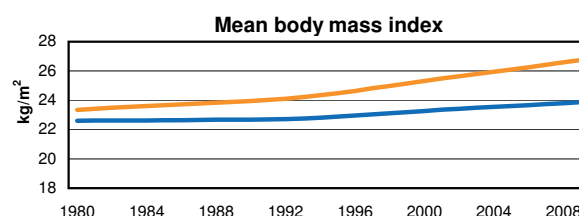
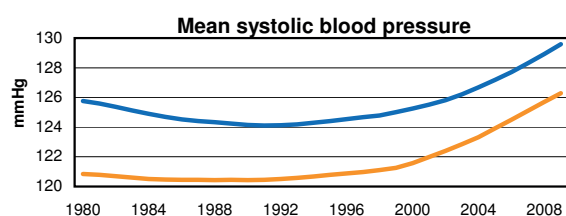
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 66% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	NR
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

NR = Country replied to survey but did not give a response to specific question

# Haiti

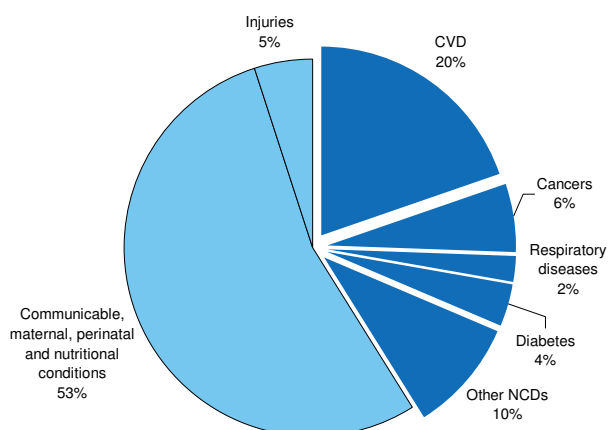
2010 total population: 9 993 247  
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	20.0	17.5
NCD deaths under age 60 (percent of all NCD deaths)	30.7	28.3
<i>Age-standardized death rate per 100 000</i>		
All NCDs	796.9	593.8
Cancers	119.0	87.0
Chronic respiratory diseases	44.8	22.4
Cardiovascular diseases and diabetes	428.3	394.5

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
Physical inactivity	...	...	...

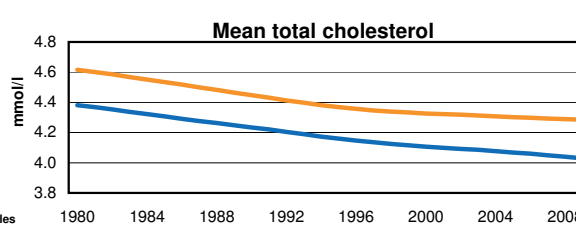
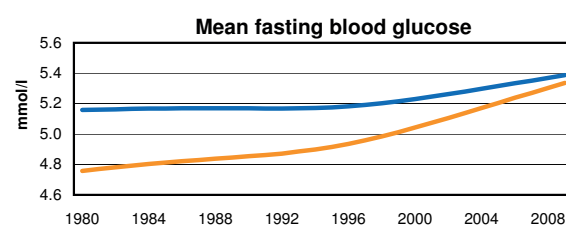
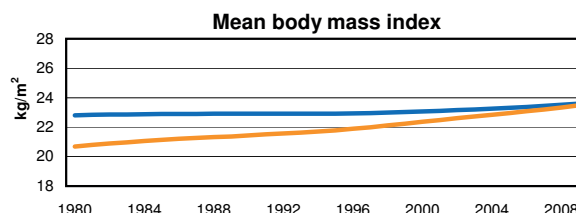
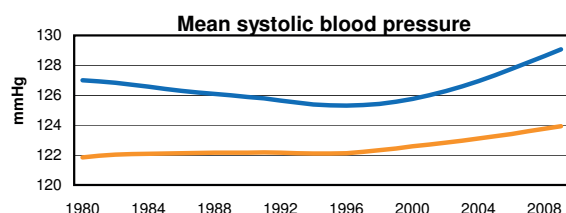
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
Raised blood glucose	...	...	...
Overweight	32.7	28.7	30.6
Obesity	7.7	8.1	7.9
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 41% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	ND	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	ND
NCD treatment and control	ND	Cancer	ND
NCD prevention and health promotion	ND	Chronic respiratory diseases	ND
NCD surveillance, monitoring and evaluation	ND	Diabetes	ND
National health reporting system includes:		Alcohol	ND
NCD cause-specific mortality	ND	Unhealthy diet / Overweight / Obesity	ND
NCD morbidity	ND	Physical inactivity	ND
NCD risk factors	ND	Tobacco	ND
Has a national, population-based cancer registry	ND	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available  
ND = Country did not respond to country capacity survey





# Honduras

2010 total population: 7 600 524

Income group: Lower middle

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	16.6	14.4
NCD deaths under age 60 (percent of all NCD deaths)	29.5	24.0
Age-standardized death rate per 100 000		
All NCDs	811.6	594.8
Cancers	137.4	131.2
Chronic respiratory diseases	47.1	29.6
Cardiovascular diseases and diabetes	410.3	342.3

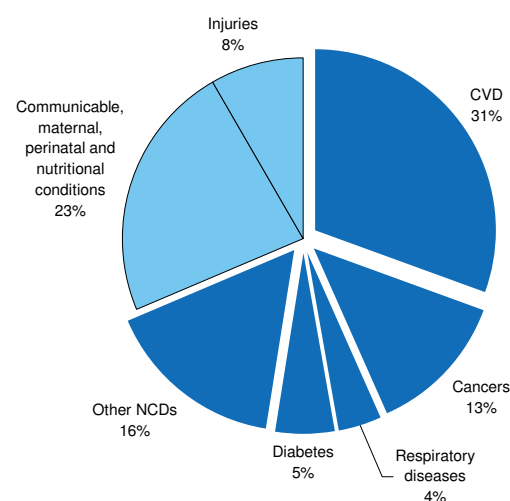
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	...	...	...
Physical inactivity	...	...	...

## Metabolic risk factors

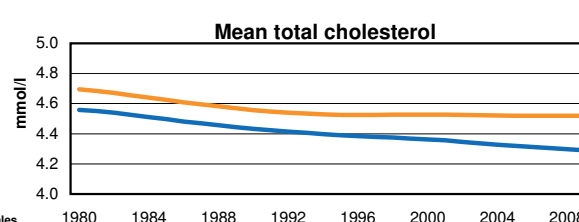
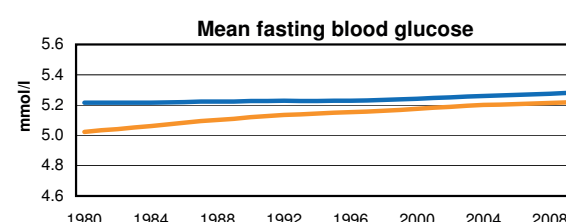
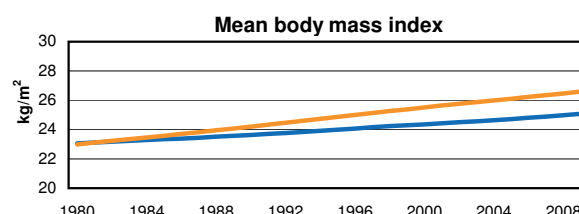
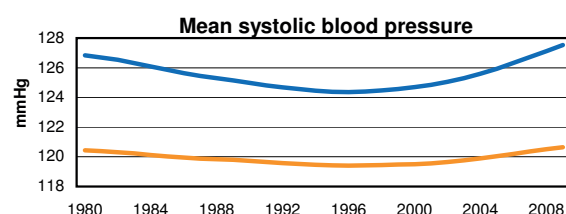
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	37.5	30.1	33.7
Raised blood glucose	7.5	7.4	7.5
Overweight	44.7	55.1	50.1
Obesity	12.1	24.3	18.4
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 69% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	DK
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available  
DK = Country responded "don't know"

# Hungary

2010 total population: 9 983 645

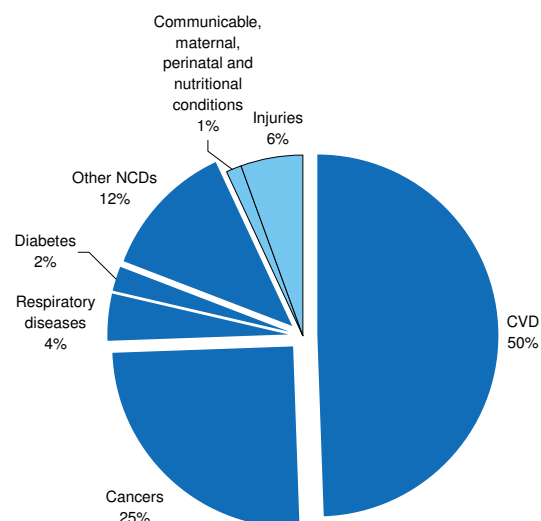
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	59.8	58.7
NCD deaths under age 60 (percent of all NCD deaths)	25.1	12.2
<i>Age-standardized death rate per 100 000</i>		
All NCDs	844.6	457.2
Cancers	254.8	133.7
Chronic respiratory diseases	43.4	17.1
Cardiovascular diseases and diabetes	415.8	241.4

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	37.5	27.1	32.0
Physical inactivity	27.6	29.5	28.6

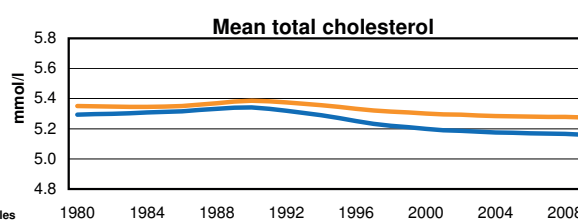
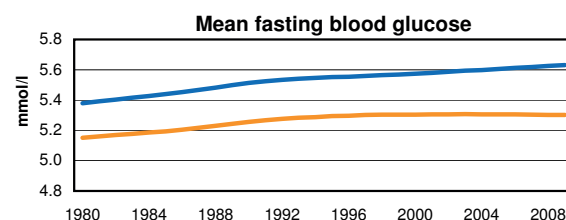
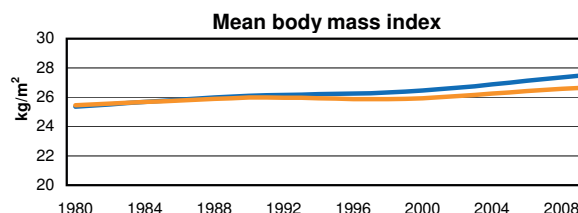
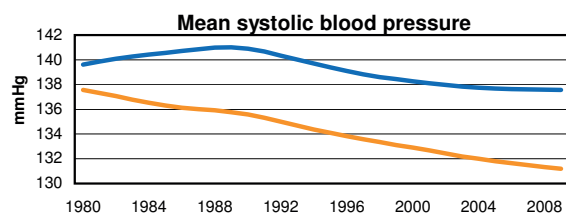
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	52.6	49.6	51.0
Raised blood glucose	...	...	...
Overweight	67.8	56.1	61.5
Obesity	27.6	27.6	27.6
Raised cholesterol	55.8	58.8	57.4

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 93% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
<i>National health reporting system includes:</i>		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available

\*\* = covered by integrated policy/programme/action plan



# Iceland

2010 total population: 320 136

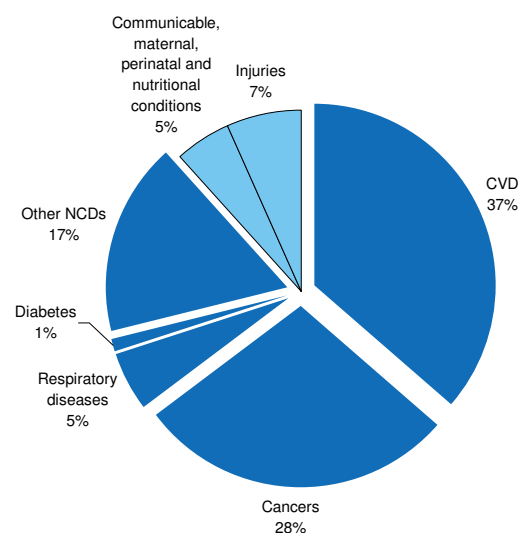
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.9	0.8
NCD deaths under age 60	11.4	8.2
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	364.3	257.1
Cancers	131.1	105.0
Chronic respiratory diseases	18.7	16.4
Cardiovascular diseases and diabetes	156.4	86.0

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	20.0	14.5	17.3
Physical inactivity	...	...	...

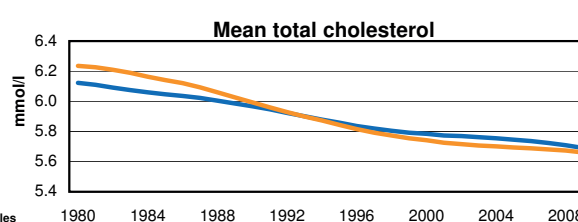
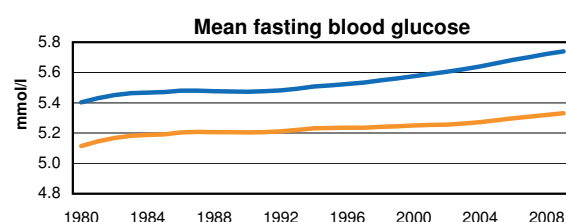
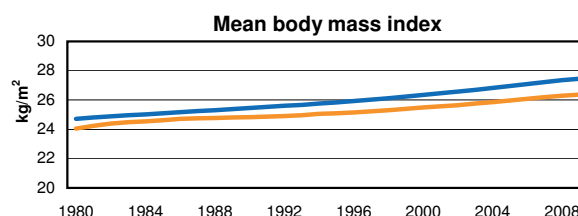
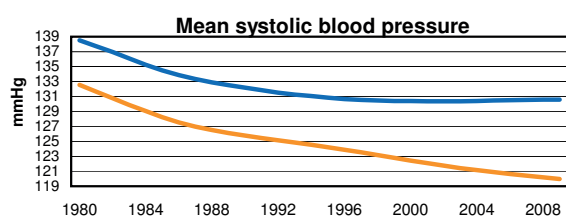
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	42.9	31.7	37.2
Raised blood glucose	...	...	...
Overweight	65.1	51.7	58.4
Obesity	24.4	22.1	23.2
Raised cholesterol	73.6	70.0	71.8

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 88% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	No	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:			
NCD treatment and control	No		Cardiovascular diseases Yes**
NCD prevention and health promotion	No		Cancer Yes**
NCD surveillance, monitoring and evaluation	No		Chronic respiratory diseases No
National health reporting system includes:			Diabetes No
NCD cause-specific mortality	Yes		Alcohol Yes**
NCD morbidity	Yes		Unhealthy diet / Overweight / Obesity Yes**
NCD risk factors	DK		Physical inactivity Yes
			Tobacco Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

\*\* = covered by integrated policy/programme/action plan

DK = Country responded "don't know"

# India

2010 total population: 1 224 614 327

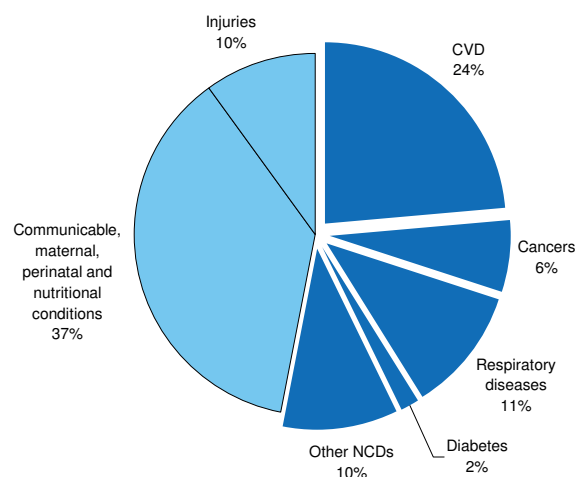
Income group: Lower middle

NCD mortality			
<i>2008 estimates</i>			
Total NCD deaths (000s)	males	females	
	2967.6	2273.8	
NCD deaths under age 60	38.0	32.1	
(percent of all NCD deaths)			
<i>Age-standardized death rate per 100 000</i>			
All NCDs	781.7	571.0	
Cancers	78.8	71.8	
Chronic respiratory diseases	178.4	125.5	
Cardiovascular diseases and diabetes	386.3	283.0	

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	25.1	2.0	13.9
Physical inactivity	10.8	17.3	14.0

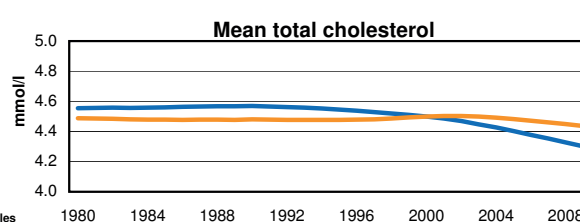
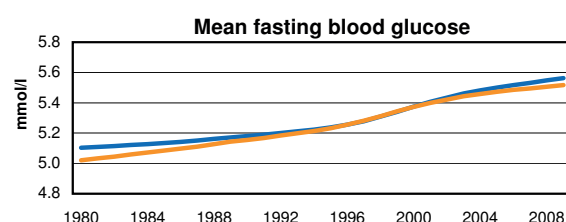
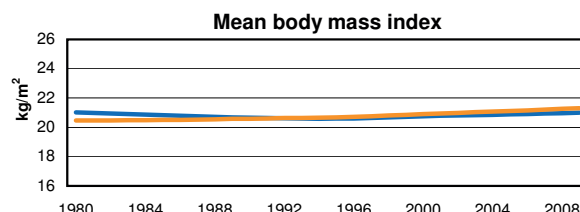
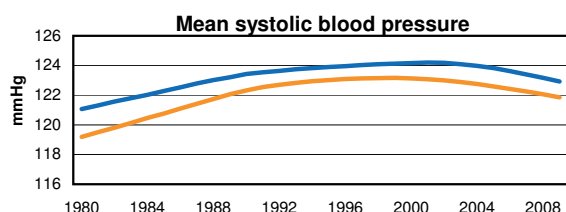
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	33.2	31.7	32.5
Raised blood glucose	10.0	10.0	10.0
Overweight	9.9	12.2	11.0
Obesity	1.3	2.4	1.9
Raised cholesterol	25.8	28.3	27.1

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 53% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\*\* = covered by integrated policy/programme/action plan



# Indonesia

2010 total population: 239 870 937

Income group: Lower middle

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	582.3	481.7
NCD deaths under age 60 (percent of all NCD deaths)	33.9	26.3
Age-standardized death rate per 100 000		
All NCDs	757.0	537.9
Cancers	135.9	108.9
Chronic respiratory diseases	102.3	52.4
Cardiovascular diseases and diabetes	400.2	300.3

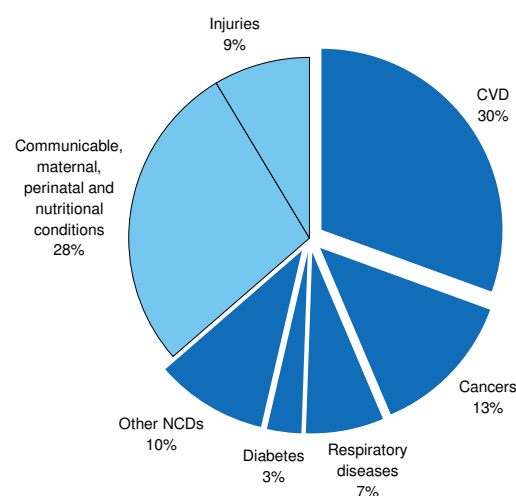
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	53.4	3.4	28.2
Physical inactivity	31.9	27.9	29.9

## Metabolic risk factors

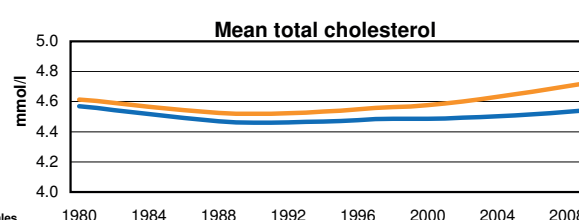
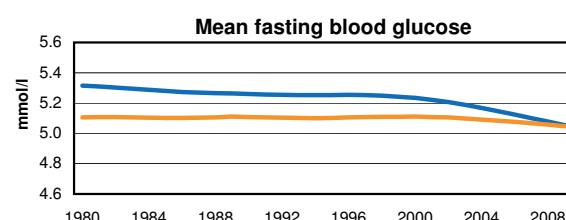
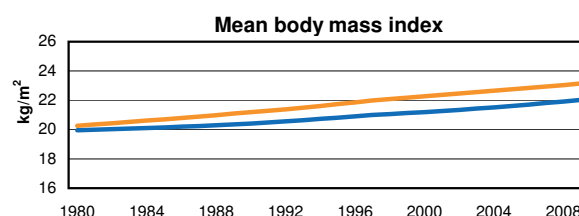
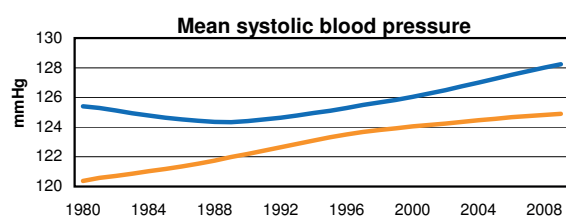
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	38.9	36.0	37.4
Raised blood glucose	6.0	6.5	6.3
Overweight	16.3	25.6	21.0
Obesity	2.6	6.9	4.8
Raised cholesterol	32.8	37.2	35.1

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 64% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

\*\* = covered by integrated policy/programme/action plan

# Iran (Islamic Republic of)

2010 total population: 73 973 630

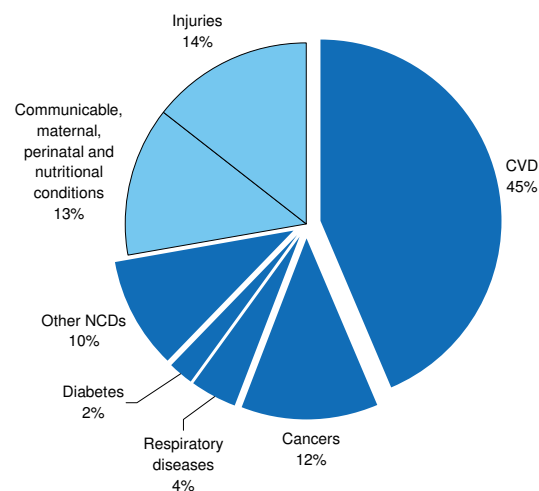
Income group: Lower middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	163.5	118.2
NCD deaths under age 60 (percent of all NCD deaths)	24.0	24.2
<i>Age-standardized death rate per 100 000</i>		
All NCDs	661.2	506.7
Cancers	112.7	69.8
Chronic respiratory diseases	41.8	28.8
Cardiovascular diseases and diabetes	420.8	348.0

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	19.4	1.1	10.4
Physical inactivity	25.2	46.5	35.7

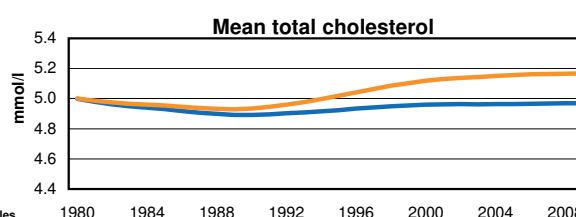
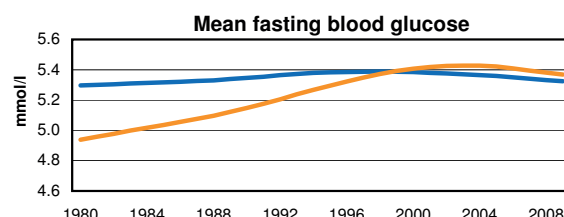
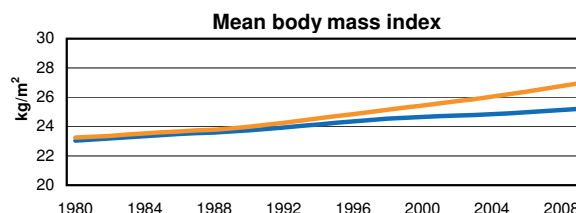
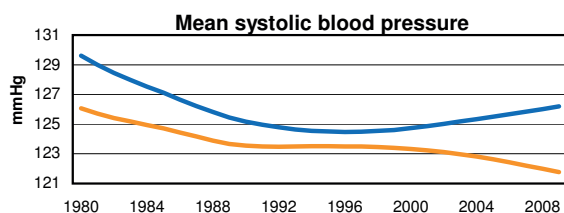
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	35.8	31.7	33.7
Raised blood glucose	7.8	8.9	8.3
Overweight	46.0	56.8	51.4
Obesity	12.4	26.5	19.4
Raised cholesterol	48.8	54.7	51.7

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 72% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:			
NCD treatment and control	Yes	Cardiovascular diseases	Yes
NCD prevention and health promotion	Yes	Cancer	Yes
NCD surveillance, monitoring and evaluation	Yes	Chronic respiratory diseases	No
National health reporting system includes:		Diabetes	Yes
NCD cause-specific mortality	Yes	Alcohol	No
NCD morbidity	No	Unhealthy diet / Overweight / Obesity	No
NCD risk factors	Yes	Physical inactivity	Yes
		Tobacco	Yes
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	4/5



# Iraq

2010 total population: 31 671 591

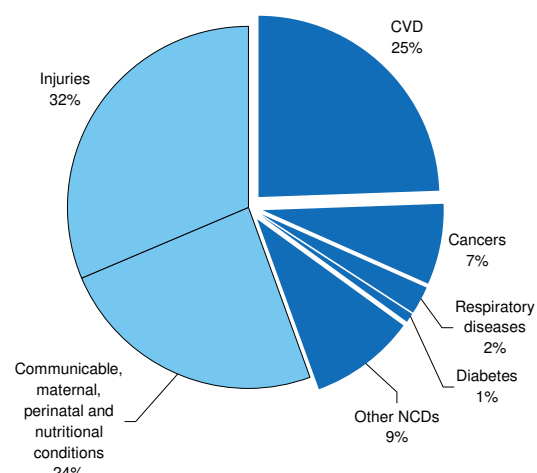
Income group: Lower middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	45.5	48.8
NCD deaths under age 60	45.7	28.5
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	779.5	592.9
Cancers	120.6	81.7
Chronic respiratory diseases	50.6	33.0
Cardiovascular diseases and diabetes	470.7	376.1

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	25.3	2.1	13.7
Physical inactivity	59.1	51.3	55.2

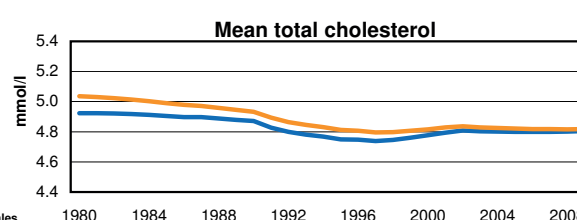
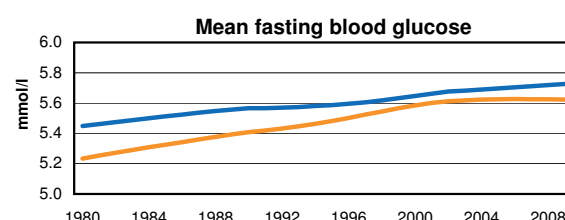
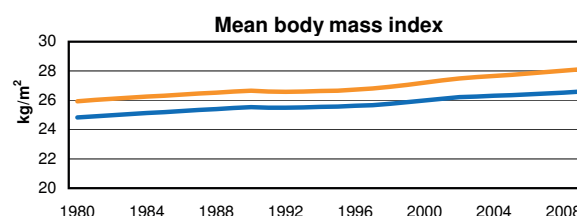
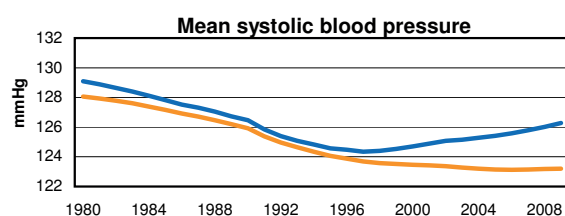
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	10.7	10.6	10.6
Overweight	59.5	65.1	62.3
Obesity	20.6	33.4	27.0
Raised cholesterol	42.3	41.3	41.8

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 44% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes**
National health reporting system includes:		Alcohol	DK
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	No	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

\*\* = covered by integrated policy/programme/action plan

DK = Country responded "don't know"

World Health Organization - NCD Country Profiles, 2011.

# Ireland

2010 total population: 4 469 900

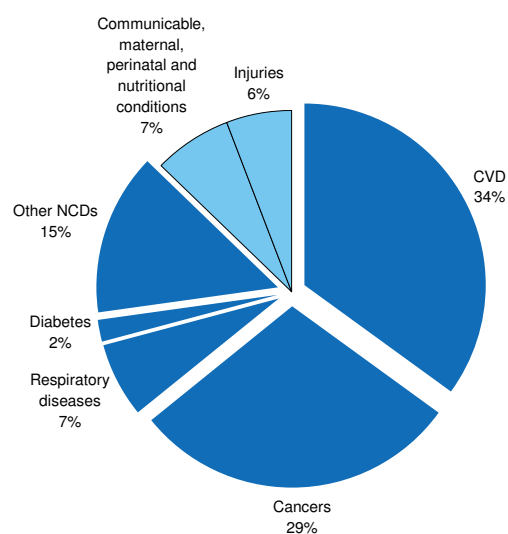
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	12.3	12.3
NCD deaths under age 60 (percent of all NCD deaths)	15.3	11.5
<i>Age-standardized death rate per 100 000</i>		
All NCDs	435.7	296.3
Cancers	153.4	118.9
Chronic respiratory diseases	33.7	21.0
Cardiovascular diseases and diabetes	179.4	103.6

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	24.1	19.7	21.9
Physical inactivity	48.3	59.9	54.1

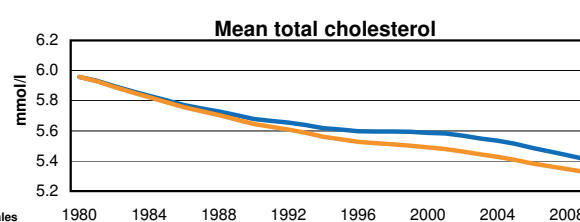
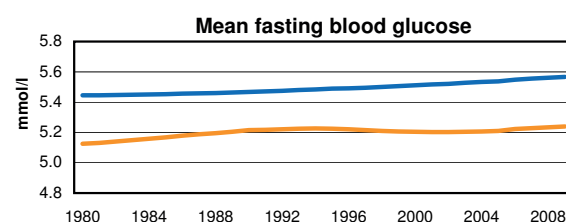
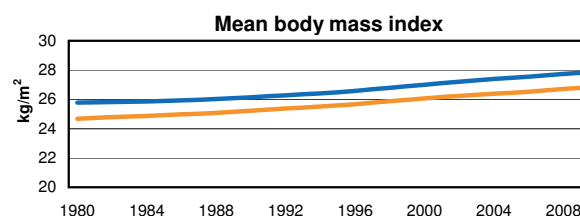
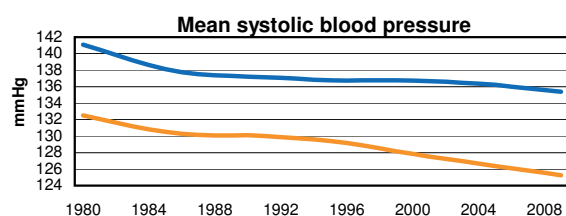
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	47.8	37.1	42.4
Raised blood glucose	8.6	6.3	7.4
Overweight	67.8	56.0	61.9
Obesity	26.2	24.2	25.2
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 87% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	3/5

... = no data available

\*\* = covered by integrated policy/programme/action plan





# Israel

2010 total population: 7 418 400

Income group: High

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	15.6	16.6
NCD deaths under age 60 (percent of all NCD deaths)	17.4	10.7
Age-standardized death rate per 100 000		
All NCDs	376.5	267.9
Cancers	131.5	101.4
Chronic respiratory diseases	24.8	15.2
Cardiovascular diseases and diabetes	138.9	93.8

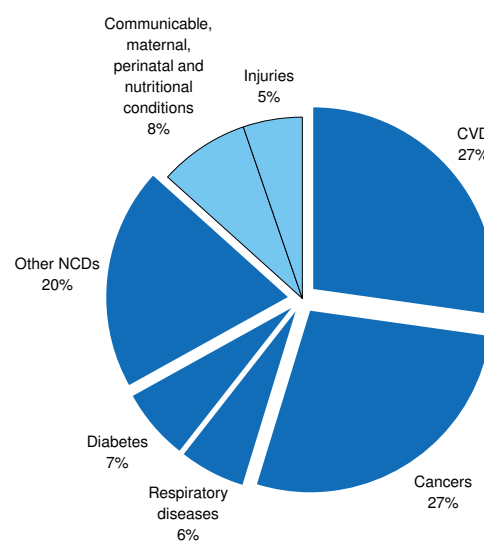
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	23.9	14.9	19.3
Physical inactivity	...	...	...

## Metabolic risk factors

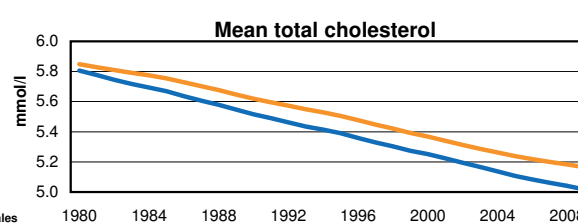
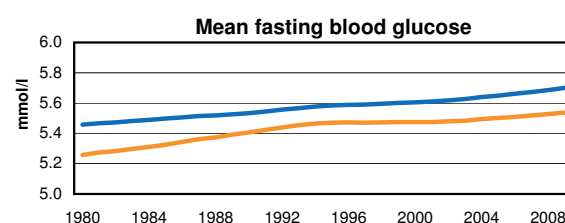
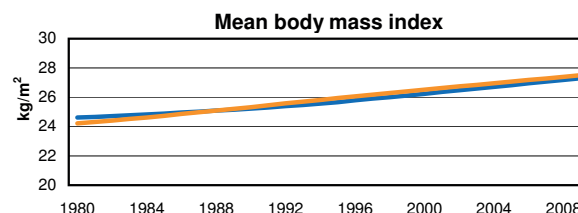
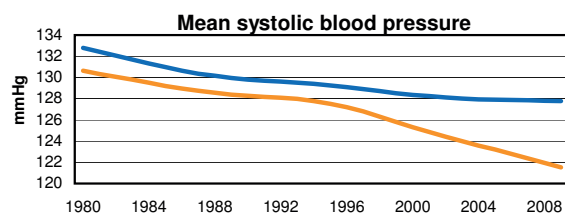
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	38.3	33.5	35.8
Raised blood glucose	10.4	9.6	10.0
Overweight	62.4	59.4	60.9
Obesity	23.2	29.0	26.2
Raised cholesterol	51.5	55.5	53.6

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 87% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	No	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	DK
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	DK	Tobacco	No
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	2/5

... = no data available

DK = Country responded "don't know"

# Italy

2010 total population: 60 550 848

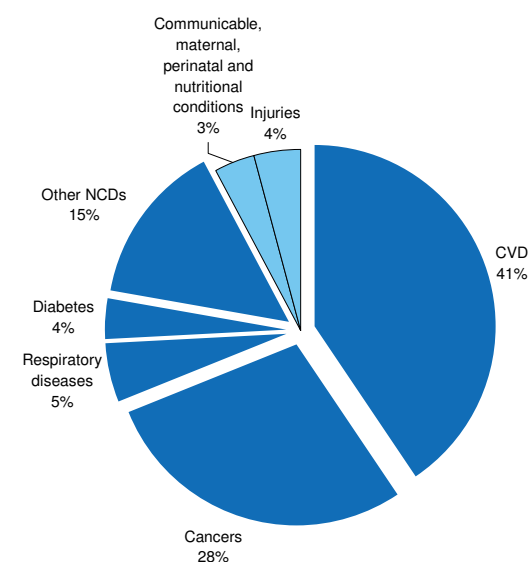
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	256.1	280.8
NCD deaths under age 60 (percent of all NCD deaths)	9.8	5.6
<i>Age-standardized death rate per 100 000</i>		
All NCDs	399.8	244.9
Cancers	158.0	90.7
Chronic respiratory diseases	24.6	9.4
Cardiovascular diseases and diabetes	156.3	102.0

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	26.3	13.5	19.6
Physical inactivity	51.0	61.8	56.6

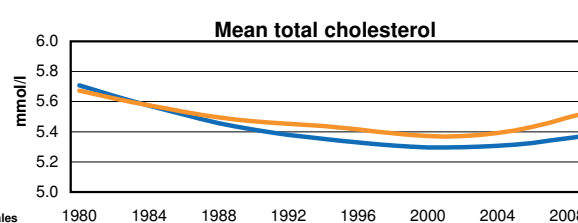
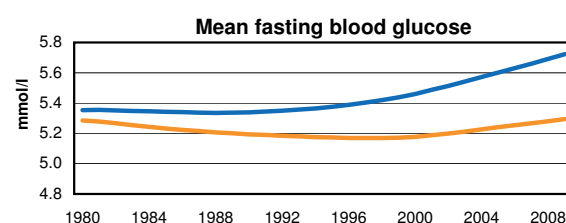
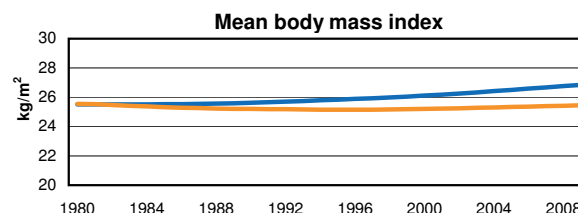
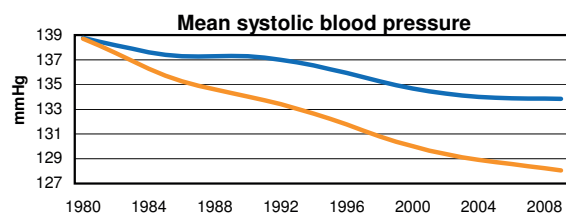
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	47.9	44.4	46.1
Raised blood glucose	10.6	7.6	9.1
Overweight	61.8	47.1	54.1
Obesity	21.2	18.5	19.8
Raised cholesterol	63.5	66.8	65.2

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 92% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\*\* = covered by integrated policy/programme/action plan



# Jamaica

2010 total population: 2 741 052

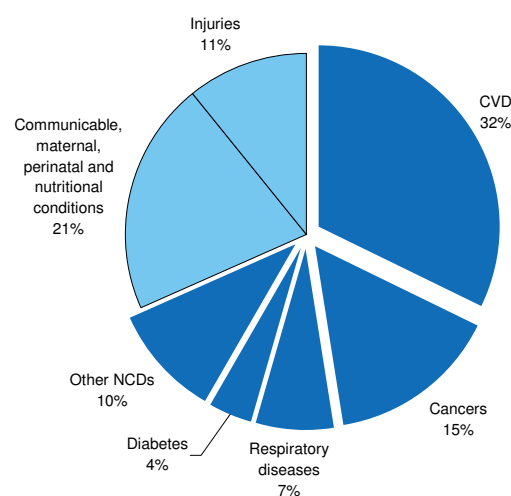
Income group: Upper middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	6.3	8.0
NCD deaths under age 60	20.1	17.5
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	497.7	479.3
Cancers	125.8	120.4
Chronic respiratory diseases	51.4	42.2
Cardiovascular diseases and diabetes	245.8	248.7

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	17.4	7.6	12.3
Physical inactivity	43.6	51.5	47.7

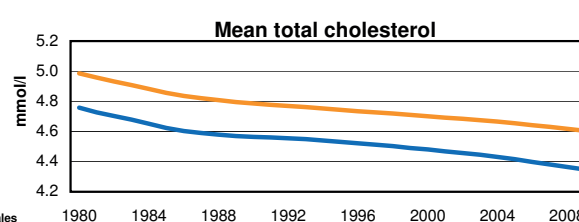
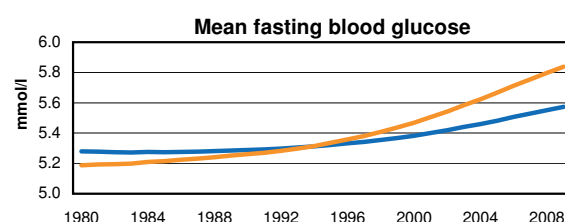
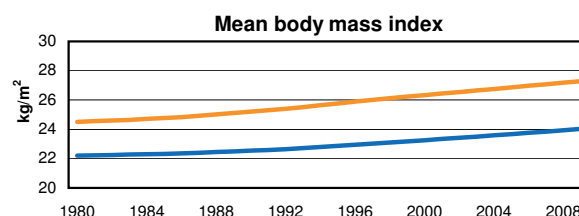
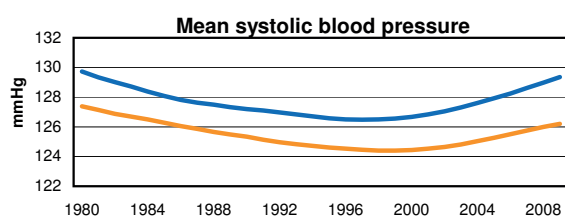
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	42.1	38.0	39.9
Raised blood glucose	10.0	12.7	11.4
Overweight	39.6	69.9	55.3
Obesity	9.7	37.5	24.1
Raised cholesterol	27.0	33.5	30.4

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 68% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes**
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

\*\* = covered by integrated policy/programme/action plan

# Japan

2010 total population: 126 535 920

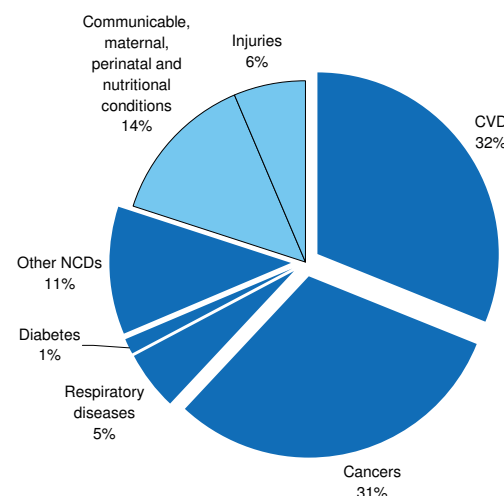
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	<i>males</i>	<i>females</i>
	473.2	435.5
NCD deaths under age 60 (percent of all NCD deaths)	11.6	7.0
<i>Age-standardized death rate per 100 000</i>		
All NCDs	336.7	178.1
Cancers	150.5	76.6
Chronic respiratory diseases	22.5	8.0
Cardiovascular diseases and diabetes	118.1	65.0

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	<i>males</i>	<i>females</i>	<i>total</i>
	36.6	8.7	22.2
Physical inactivity	64.4	66.1	65.3

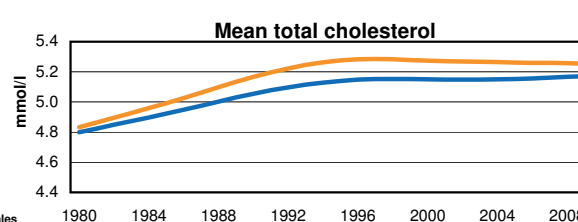
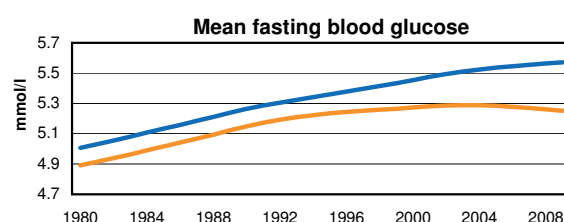
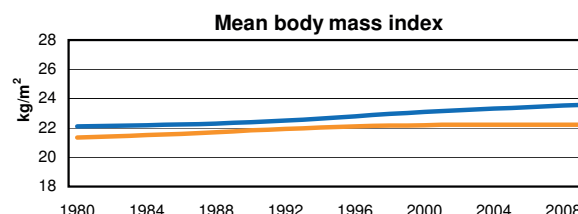
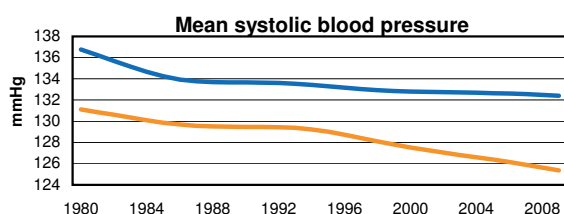
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	<i>males</i>	<i>females</i>	<i>total</i>
	47.1	41.0	43.9
Raised blood glucose	8.9	6.7	7.7
Overweight	30.1	19.2	24.4
Obesity	5.8	4.4	5.0
Raised cholesterol	57.0	58.5	57.8

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 80% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:		
There is funding available for:				
NCD treatment and control	Yes		Cardiovascular diseases	Yes**
NCD prevention and health promotion	Yes		Cancer	Yes**
NCD surveillance, monitoring and evaluation	Yes		Chronic respiratory diseases	No
			Diabetes	Yes**
			Alcohol	Yes**
National health reporting system includes:			Unhealthy diet / Overweight / Obesity	Yes**
NCD cause-specific mortality	Yes		Physical inactivity	Yes**
NCD morbidity	Yes		Tobacco	Yes**
NCD risk factors	Yes			
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5	

\*\* = covered by integrated policy/programme/action plan



# Jordan

2010 total population: 6 187 227

Income group: Lower middle

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	12.9	9.2
NCD deaths under age 60 (percent of all NCD deaths)	34.2	31.1
Age-standardized death rate per 100 000		
All NCDs	817.8	568.4
Cancers	109.8	89.2
Chronic respiratory diseases	45.7	17.5
Cardiovascular diseases and diabetes	550.4	379.8

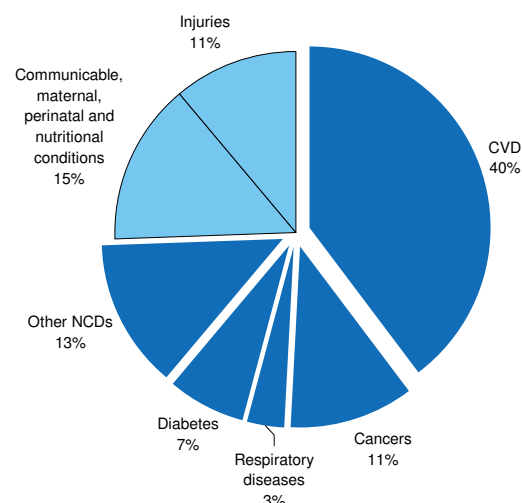
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	48.8	4.1	27.1
Physical inactivity	...	...	...

## Metabolic risk factors

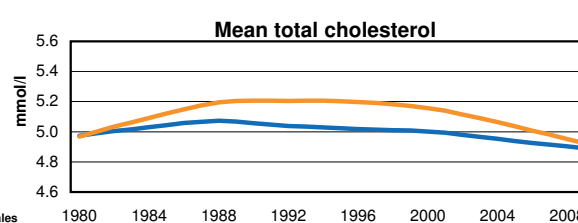
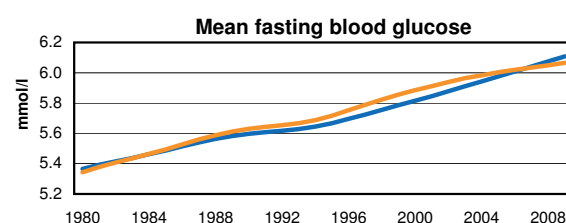
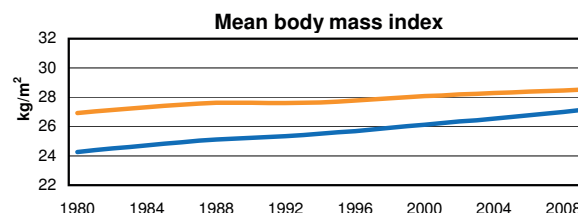
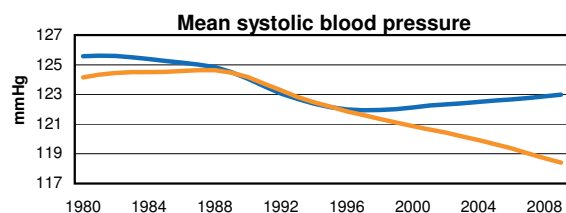
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	31.4	25.9	28.8
Raised blood glucose	14.2	14.7	14.4
Overweight	62.3	66.0	64.1
Obesity	24.0	36.4	30.0
Raised cholesterol	46.3	46.4	46.4

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 74% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available

# Kazakhstan

2010 total population: 16 026 367

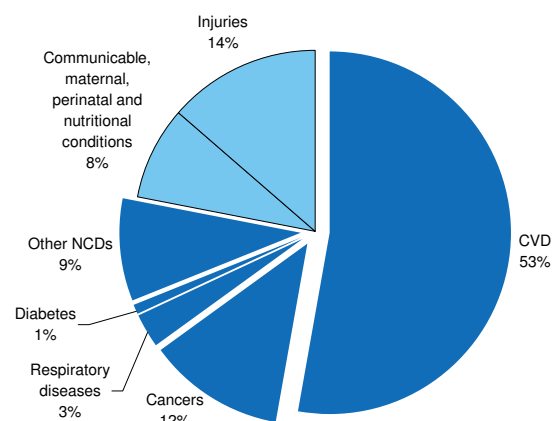
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	67.5	72.7
NCD deaths under age 60	46.1	22.9
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	1270.0	772.4
Cancers	199.2	123.2
Chronic respiratory diseases	68.3	22.3
Cardiovascular diseases and diabetes	858.9	545.9

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	37.0	6.6	20.8
Physical inactivity	30.9	31.2	31.0

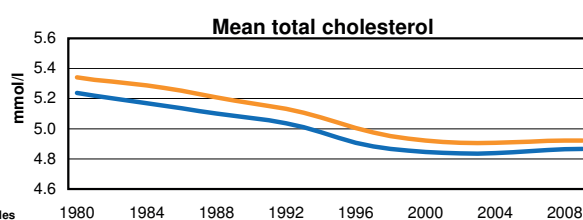
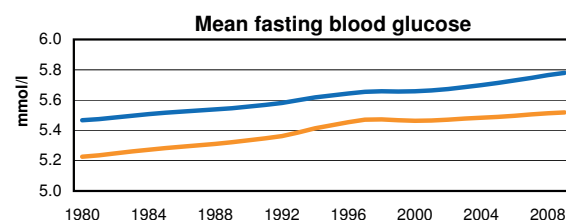
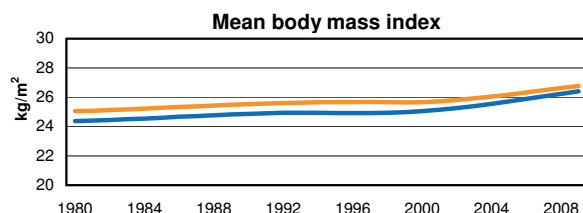
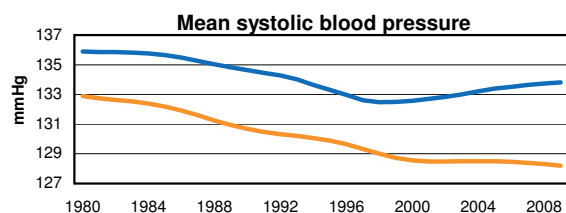
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	55.2	56.0	55.6
Obesity	19.1	27.6	23.7
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 78% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

\*\* = covered by integrated policy/programme/action plan



# Kenya

2010 total population: 40 512 682

Income group: Low

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	56.5	46.6
NCD deaths under age 60 (percent of all NCD deaths)	38.2	34.4
Age-standardized death rate per 100 000		
All NCDs	779.6	575.0
Cancers	118.8	113.0
Chronic respiratory diseases	109.2	44.8
Cardiovascular diseases and diabetes	401.1	326.4

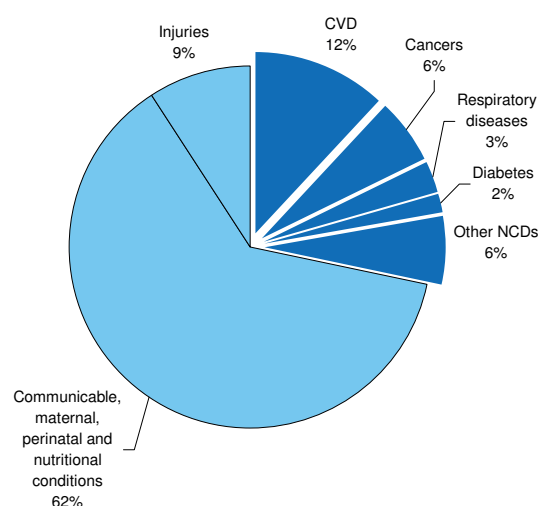
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	18.0	0.7	9.3
Physical inactivity	13.7	17.0	15.4

## Metabolic risk factors

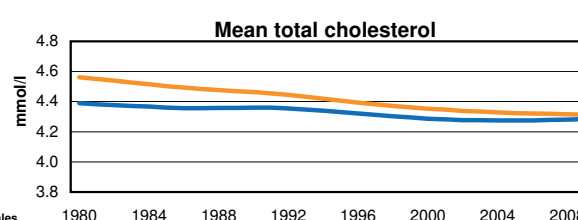
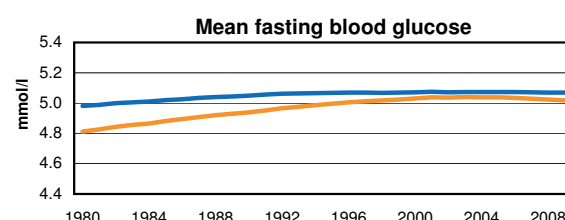
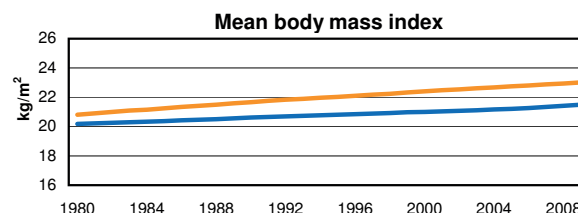
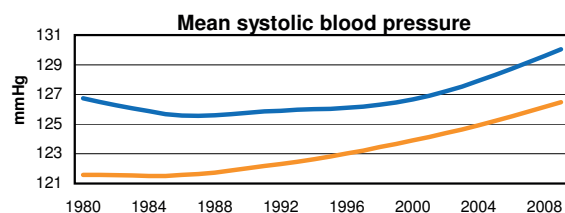
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	38.9	35.1	37.0
Raised blood glucose	...	...	...
Overweight	13.3	24.0	18.7
Obesity	2.1	6.2	4.2
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 28% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

# Kiribati

2010 total population: 99 546

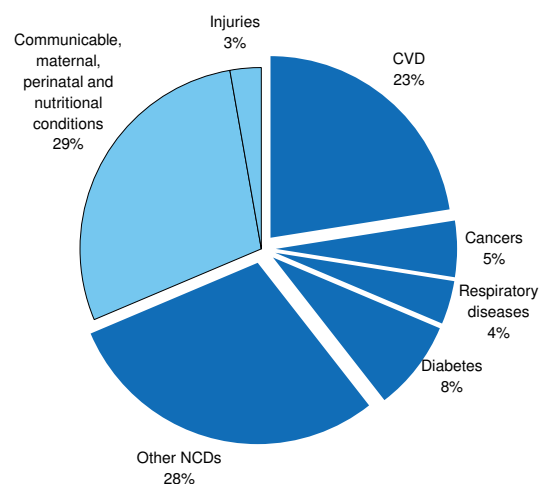
Income group: Lower middle

NCD mortality			
<i>2008 estimates</i>			
Total NCD deaths (000s)	<i>males</i>	<i>females</i>	
	0.3	0.2	
NCD deaths under age 60 (percent of all NCD deaths)	66.5	47.6	
<i>Age-standardized death rate per 100 000</i>			
All NCDs	832.4	548.3	
Cancers	39.0	64.2	
Chronic respiratory diseases	61.8	19.1	
Cardiovascular diseases and diabetes	425.9	223.8	

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	<i>males</i>	<i>females</i>	<i>total</i>
	73.3	61.7	67.4
Physical inactivity	42.4	57.1	49.8

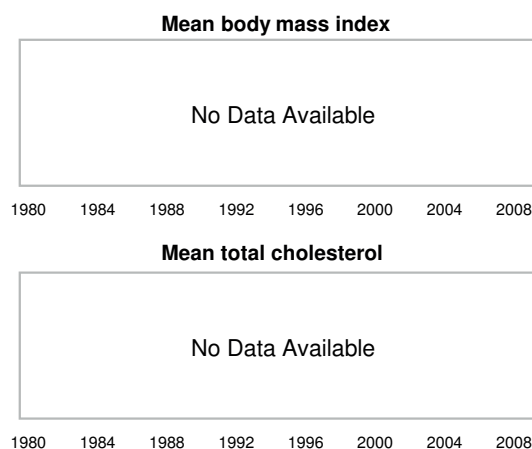
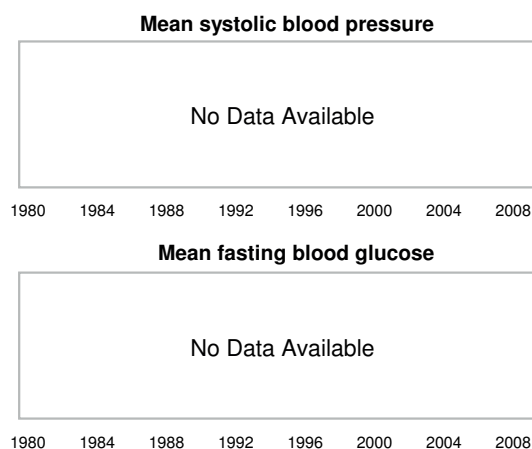
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	<i>males</i>	<i>females</i>	<i>total</i>
	39.1	28.7	33.7
Raised blood glucose	22.0	22.8	22.4
Overweight	78.4	82.8	80.7
Obesity	37.7	53.8	46.0
Raised cholesterol	32.8	36.6	34.8

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 69% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes**
NCD treatment and control	No	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
<i>National health reporting system includes:</i>		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\*\* = covered by integrated policy/programme/action plan





# Kuwait

2010 total population: 2 736 732

Income group: High

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	2.3	1.6
NCD deaths under age 60 (percent of all NCD deaths)	48.1	36.9
Age-standardized death rate per 100 000		
All NCDs	395.0	393.6
Cancers	61.9	69.6
Chronic respiratory diseases	7.8	12.1
Cardiovascular diseases and diabetes	281.8	263.4

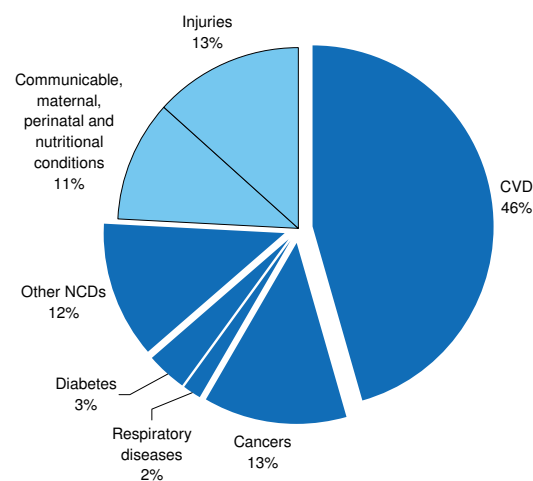
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	34.6	2.6	22.6
Physical inactivity	58.0	71.3	63.0

## Metabolic risk factors

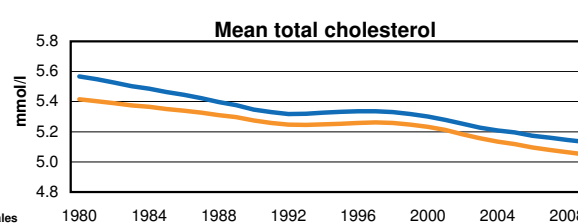
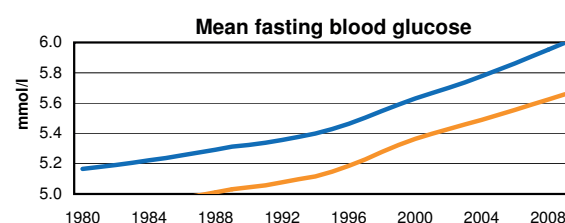
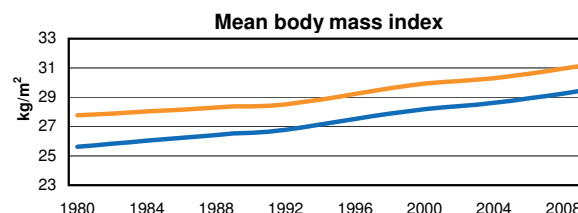
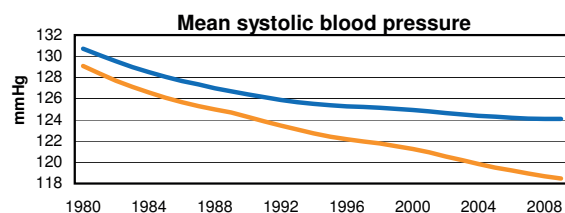
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	31.5	24.7	29.1
Raised blood glucose	12.7	10.4	11.9
Overweight	78.4	79.5	78.8
Obesity	37.5	49.8	42.0
Raised cholesterol	55.8	50.7	54.0

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 76% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes
National health reporting system includes:		Alcohol	Yes
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

# Kyrgyzstan

2010 total population: 5 334 223

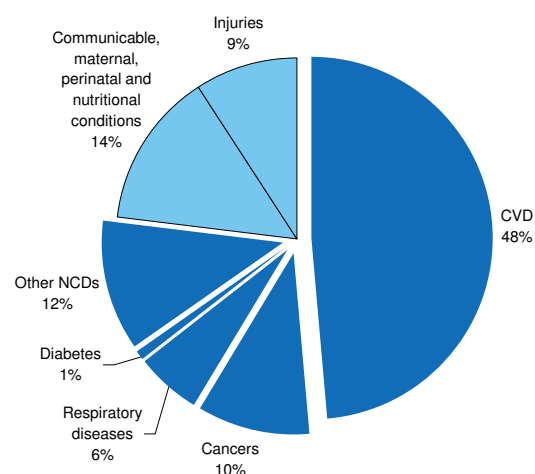
Income group: Low

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	17.3	17.7
NCD deaths under age 60	39.8	23.3
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	1088.4	757.5
Cancers	128.8	104.5
Chronic respiratory diseases	101.4	48.9
Cardiovascular diseases and diabetes	696.6	515.6

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	38.2	1.3	19.2
Physical inactivity	...	...	...

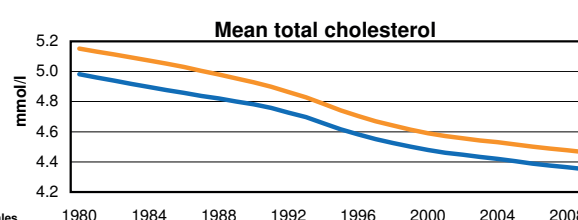
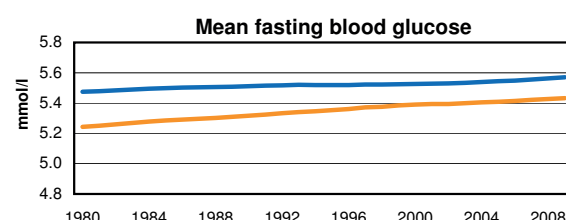
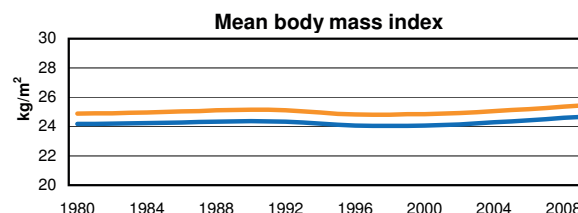
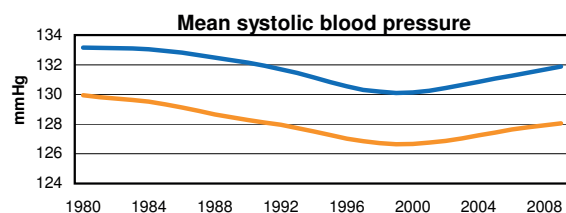
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	41.4	46.0	43.8
Obesity	10.9	19.8	15.5
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 77% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	ND	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	ND
NCD treatment and control	ND	Cancer	ND
NCD prevention and health promotion	ND	Chronic respiratory diseases	ND
NCD surveillance, monitoring and evaluation	ND	Diabetes	ND
National health reporting system includes:		Alcohol	ND
NCD cause-specific mortality	ND	Unhealthy diet / Overweight / Obesity	ND
NCD morbidity	ND	Physical inactivity	ND
NCD risk factors	ND	Tobacco	ND
Has a national, population-based cancer registry	ND	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

ND = Country did not respond to country capacity survey



# Lao People's Democratic Republic

2010 total population: 6 200 894

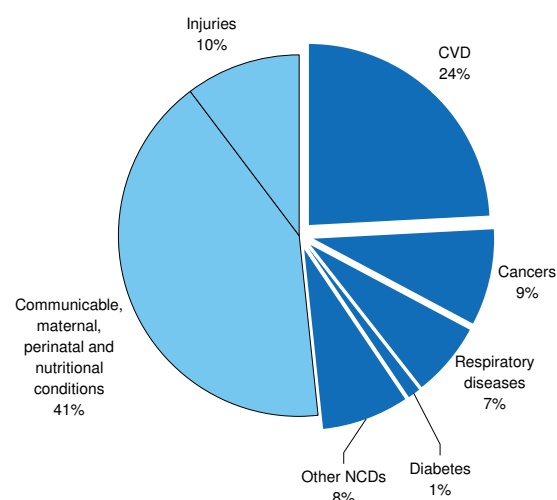
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	12.1	11.7
NCD deaths under age 60	38.6	32.6
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	849.4	689.0
Cancers	145.4	111.1
Chronic respiratory diseases	122.8	103.4
Cardiovascular diseases and diabetes	467.9	392.8

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	41.4	2.5	21.6
Physical inactivity	15.6	19.5	17.6

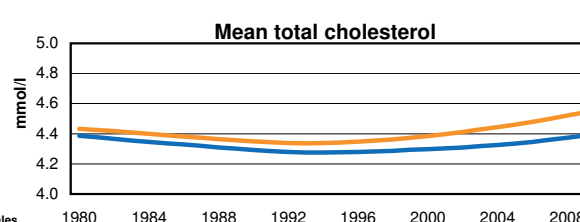
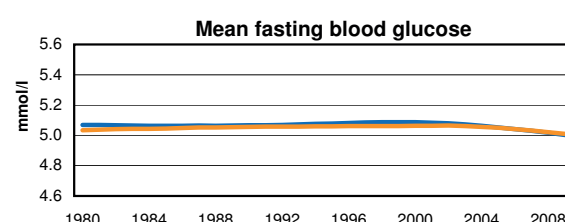
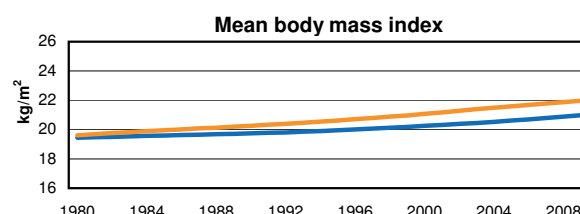
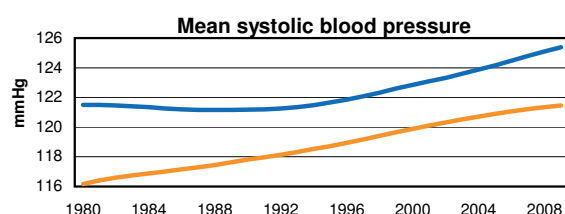
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	34.4	30.0	32.1
Raised blood glucose	...	...	...
Overweight	10.0	16.4	13.3
Obesity	1.4	3.7	2.6
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 48% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	DK
NCD treatment and control	Yes	Cancer	DK
NCD prevention and health promotion	Yes	Chronic respiratory diseases	DK
NCD surveillance, monitoring and evaluation	Yes	Diabetes	DK
National health reporting system includes:		Alcohol	DK
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	DK
NCD morbidity	No	Physical inactivity	DK
NCD risk factors	Yes	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available  
DK = Country responded "don't know"

World Health Organization - NCD Country Profiles, 2011.

# Latvia

2010 total population: 2 252 060

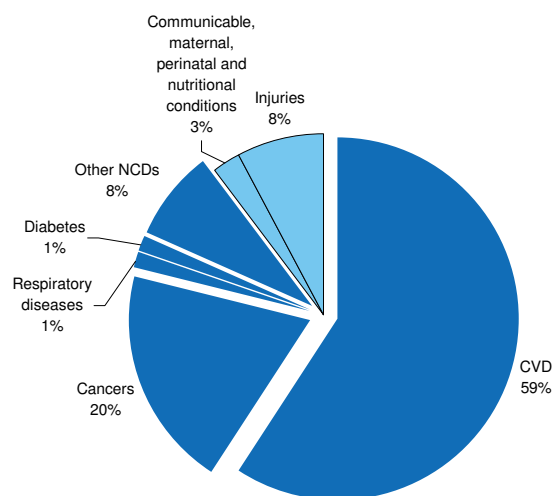
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	13.1	14.8
NCD deaths under age 60	23.9	9.4
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	921.2	458.9
Cancers	233.6	107.9
Chronic respiratory diseases	21.1	4.0
Cardiovascular diseases and diabetes	566.8	295.0

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	44.6	14.0	27.8
Physical inactivity	29.2	36.5	33.2

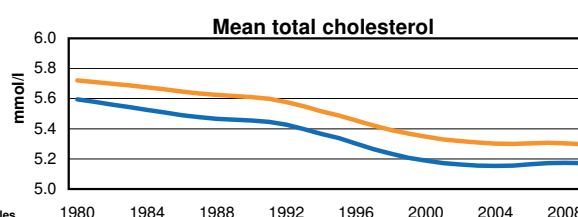
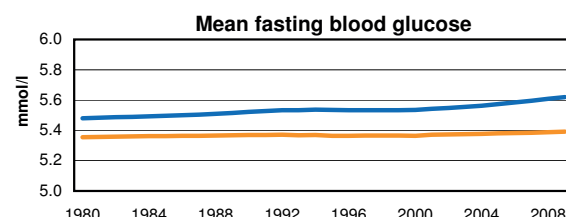
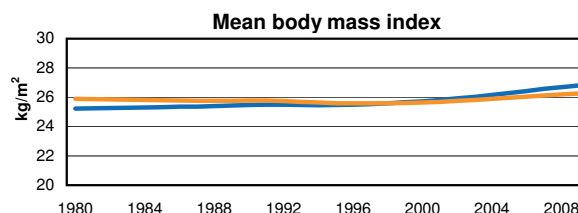
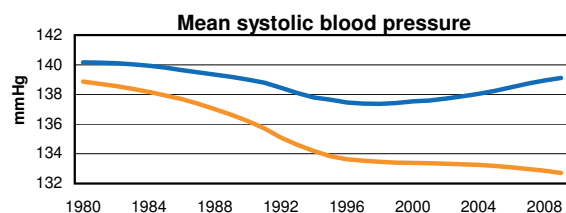
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	60.7	55.0	57.5
Obesity	22.4	27.0	24.9
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 90% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
<i>National health reporting system includes:</i>		Alcohol	Yes**
		Unhealthy diet / Overweight / Obesity	Yes**
		Physical inactivity	Yes**
		Tobacco	Yes**
	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5
Has a national, population-based cancer registry	Yes		

... = no data available

\*\* = covered by integrated policy/programme/action plan



# Lebanon

2010 total population: 4 227 597

Income group: Upper middle

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	12.5	9.1
NCD deaths under age 60 (percent of all NCD deaths)	25.0	21.9
Age-standardized death rate per 100 000		
All NCDs	717.4	465.0
Cancers	151.2	113.2
Chronic respiratory diseases	43.9	22.8
Cardiovascular diseases and diabetes	404.4	262.7

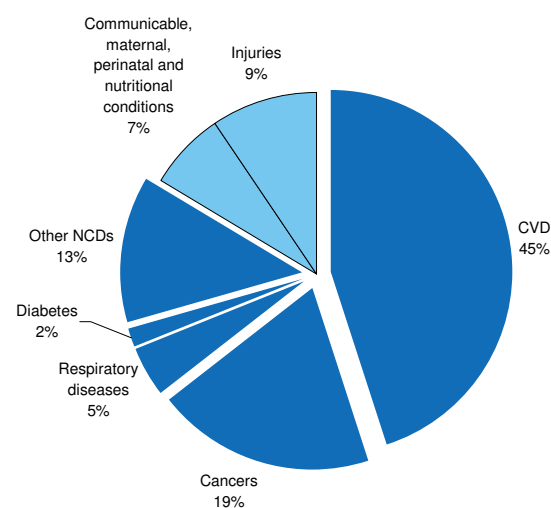
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	44.1	30.0	36.8
Physical inactivity	52.4	42.0	47.0

## Metabolic risk factors

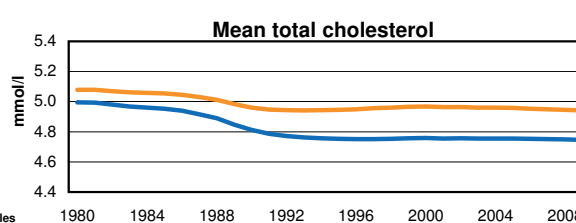
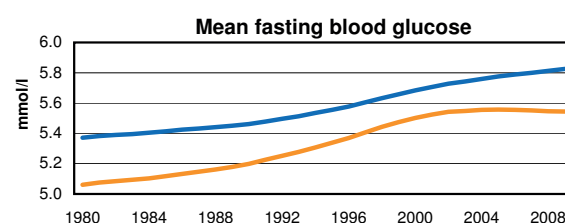
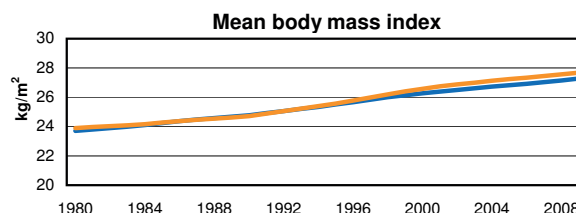
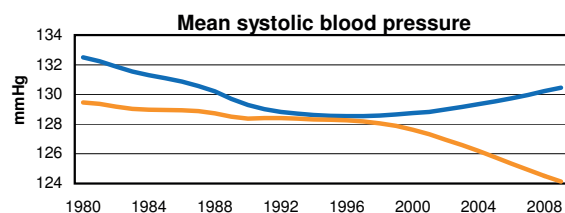
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	42.9	35.6	39.0
Raised blood glucose	12.5	10.6	11.5
Overweight	66.1	57.9	61.8
Obesity	25.8	29.0	27.4
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 84% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

\*\* = covered by integrated policy/programme/action plan

World Health Organization - NCD Country Profiles, 2011.

# Lesotho

2010 total population: 2 171 318

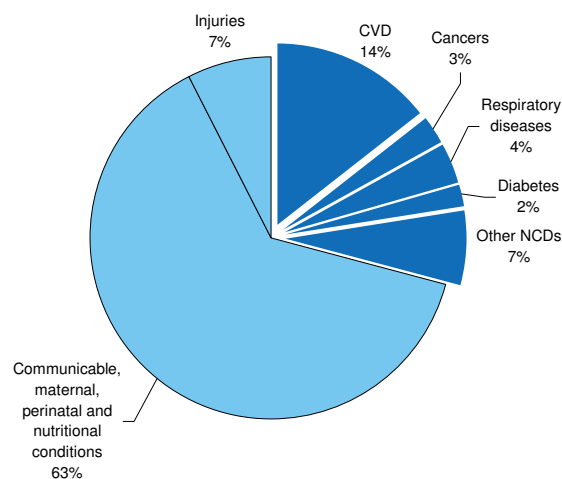
Income group: Lower middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males 4.8	females 4.5
NCD deaths under age 60 (percent of all NCD deaths)	males 35.4	females 29.1
<i>Age-standardized death rate per 100 000</i>		
All NCDs	males 953.5	females 628.8
Cancers	males 79.2	females 59.3
Chronic respiratory diseases	males 144.4	females 57.7
Cardiovascular diseases and diabetes	males 513.1	females 393.4

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males ...	females ...	total ...
Physical inactivity	males ...	females ...	total ...

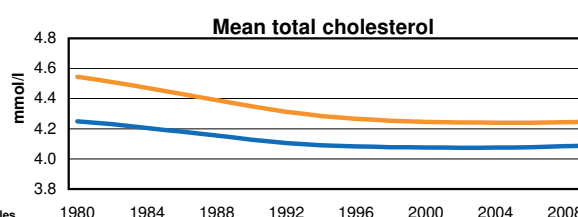
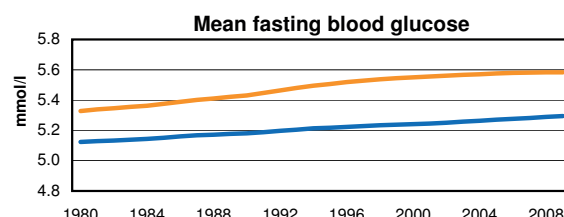
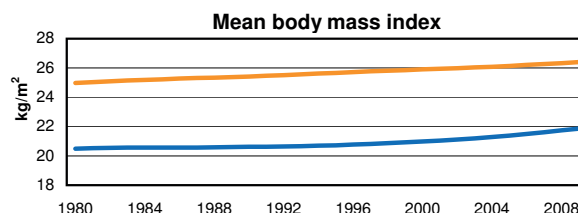
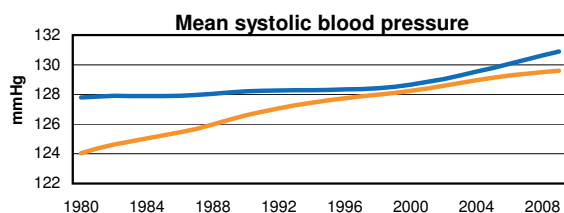
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males ...	females ...	total ...
Raised blood glucose	males ...	females ...	total ...
Overweight	males 15.4	females 54.6	total 37.3
Obesity	males 2.6	females 24.0	total 14.6
Raised cholesterol	males ...	females ...	total ...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 29% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available



# Liberia

2010 total population: 3 994 122

Income group: Low

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	5.8	6.5
NCD deaths under age 60 (percent of all NCD deaths)	40.9	35.9
Age-standardized death rate per 100 000		
All NCDs	790.5	747.3
Cancers	91.6	94.7
Chronic respiratory diseases	113.8	65.9
Cardiovascular diseases and diabetes	419.8	454.2

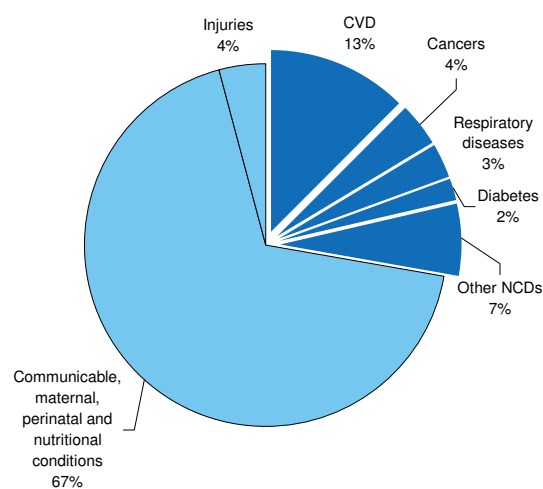
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	11.3	...	...
Physical inactivity	...	...	...

## Metabolic risk factors

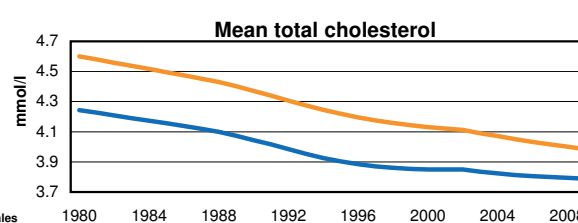
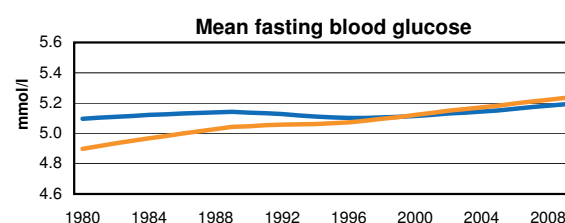
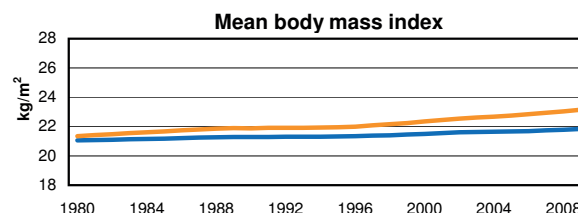
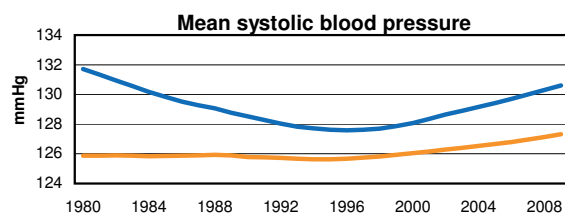
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	...	...	...
Raised blood glucose	...	...	...
Overweight	16.3	25.1	20.7
Obesity	2.8	6.8	4.8
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 28% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	No	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

World Health Organization - NCD Country Profiles, 2011.



# Libyan Arab Jamahiriya

2010 total population: 6 355 112

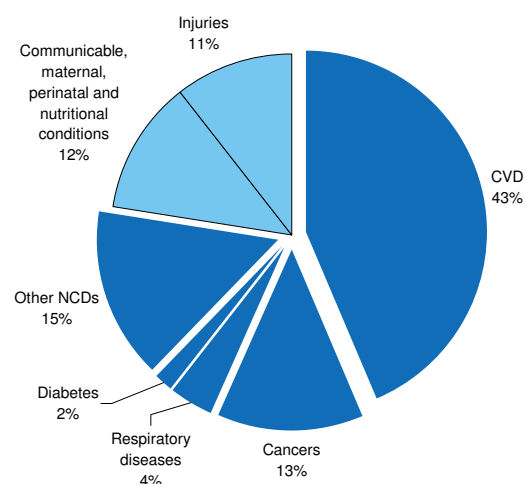
Income group: Upper middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males 13.5	females 9.6
NCD deaths under age 60 (percent of all NCD deaths)	males 36.3	females 29.3
<i>Age-standardized death rate per 100 000</i>		
All NCDs	males 743.5	females 525.9
Cancers	males 114.3	females 79.6
Chronic respiratory diseases	males 41.1	females 25.7
Cardiovascular diseases and diabetes	males 458.8	females 330.1

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males 45.5	females 0.2	total 23.8
Physical inactivity	males 35.4	females 53.6	total 44.2

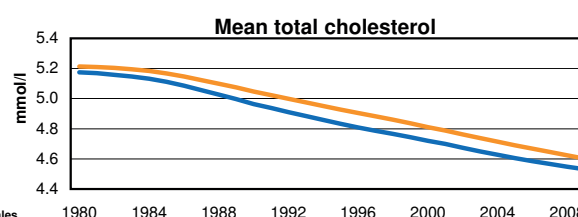
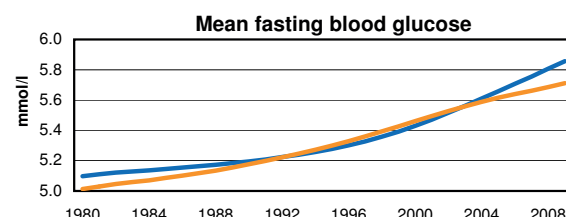
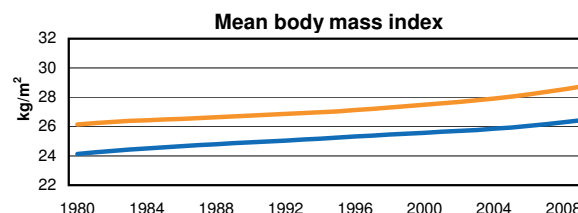
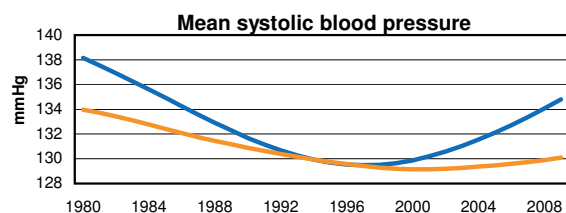
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males 45.9	females 39.1	total 42.6
Raised blood glucose	males 12.1	females 11.3	total 11.8
Overweight	males 57.8	females 66.2	total 61.9
Obesity	males 19.9	females 36.4	total 27.8
Raised cholesterol	males 33.3	females 33.6	total 33.4

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 78% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	No	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	DK
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	DK
National health reporting system includes:		Alcohol	Yes
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

DK = Country responded "don't know"





# Lithuania

2010 total population: 3 323 611

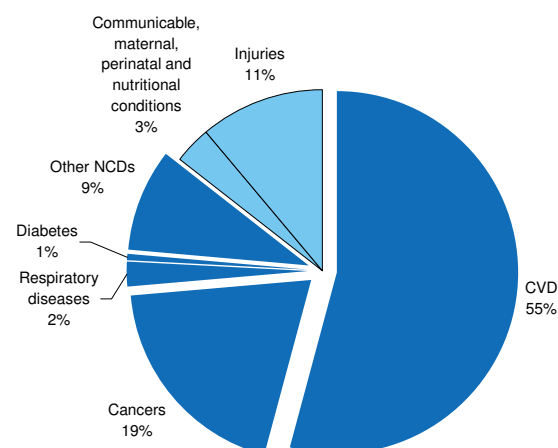
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	18.2	19.0
NCD deaths under age 60 (percent of all NCD deaths)	25.9	11.3
<i>Age-standardized death rate per 100 000</i>		
All NCDs	875.5	438.0
Cancers	219.9	110.1
Chronic respiratory diseases	32.1	5.9
Cardiovascular diseases and diabetes	503.2	263.7

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	41.7	13.0	26.2
Physical inactivity	20.9	24.8	23.0

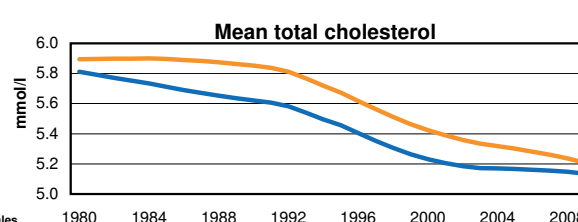
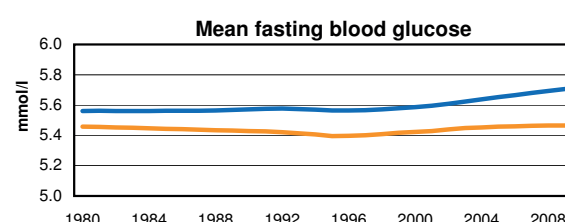
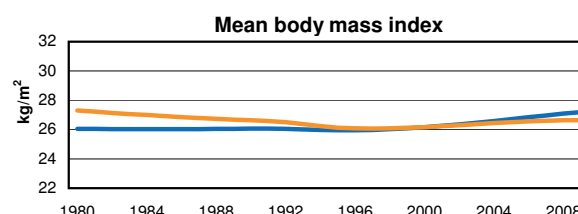
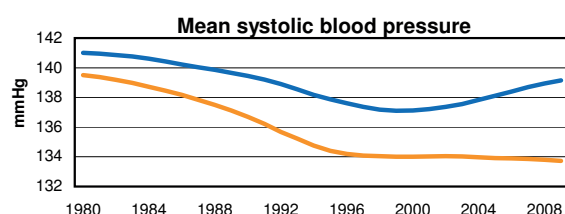
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	54.3	52.6	53.4
Raised blood glucose	...	...	...
Overweight	64.0	57.9	60.7
Obesity	24.8	29.9	27.6
Raised cholesterol	55.4	57.4	56.5

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 86% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>
<i>There is funding available for:</i>		
NCD treatment and control	Yes	
NCD prevention and health promotion	Yes	
NCD surveillance, monitoring and evaluation	Yes	
<i>National health reporting system includes:</i>		
NCD cause-specific mortality	Yes	
NCD morbidity	Yes	
NCD risk factors	Yes	
Has a national, population-based cancer registry	Yes	
		Cardiovascular diseases <b>Yes**</b> Cancer <b>Yes**</b> Chronic respiratory diseases <b>Yes**</b> Diabetes <b>Yes**</b> Alcohol <b>Yes**</b> Unhealthy diet / Overweight / Obesity <b>Yes**</b> Physical inactivity <b>Yes**</b> Tobacco <b>Yes**</b> Number of tobacco (m)POWER measures implemented at the highest level of achievement <b>1/5</b>

... = no data available

\*\* = covered by integrated policy/programme/action plan

# Luxembourg

2010 total population: 507 448

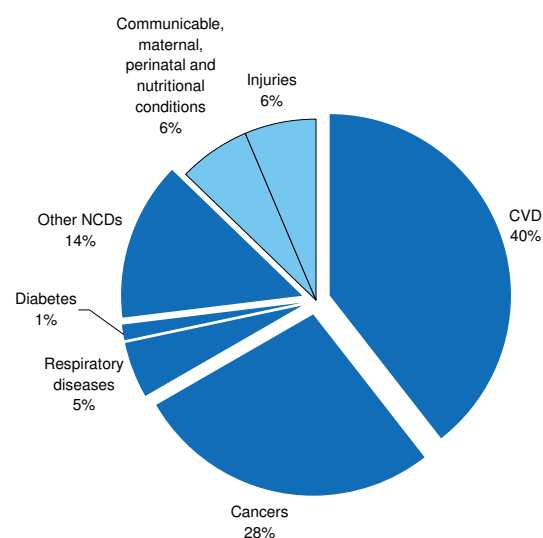
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	1.5	1.6
NCD deaths under age 60 (percent of all NCD deaths)	16.1	9.9
<i>Age-standardized death rate per 100 000</i>		
All NCDs	435.2	268.7
Cancers	156.1	93.5
Chronic respiratory diseases	27.4	13.3
Cardiovascular diseases and diabetes	183.9	115.5

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	30.4	25.5	27.9
Physical inactivity	49.9	44.3	47.1

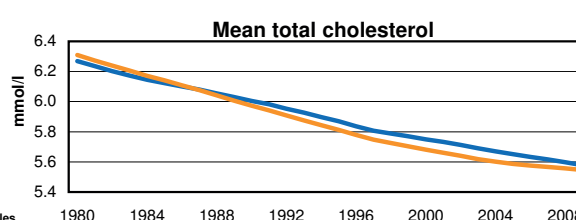
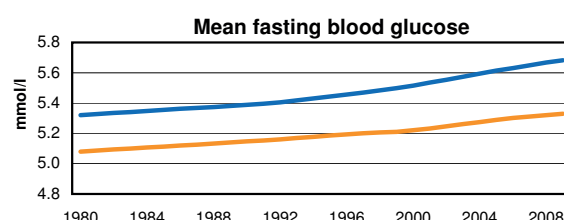
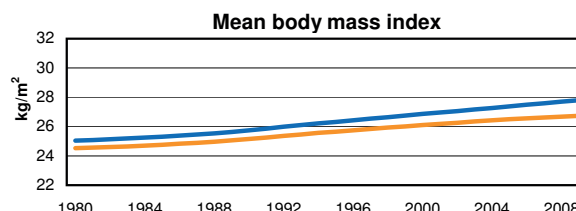
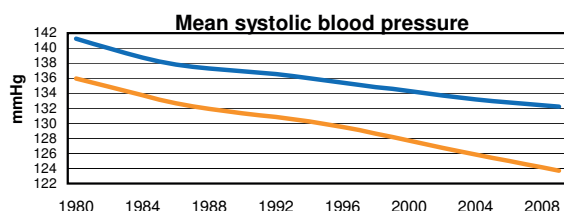
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	66.7	54.7	60.6
Obesity	26.3	25.8	26.0
Raised cholesterol	70.7	67.3	69.0

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 87% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	Yes
NCD risk factors	Yes	Tobacco	No
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available



# Madagascar

2010 total population: 20 713 819

Income group: Low

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	30.3	27.8
NCD deaths under age 60 (percent of all NCD deaths)	38.5	36.8
Age-standardized death rate per 100 000		
All NCDs	750.7	647.5
Cancers	141.9	96.0
Chronic respiratory diseases	99.5	55.8
Cardiovascular diseases and diabetes	367.0	384.4

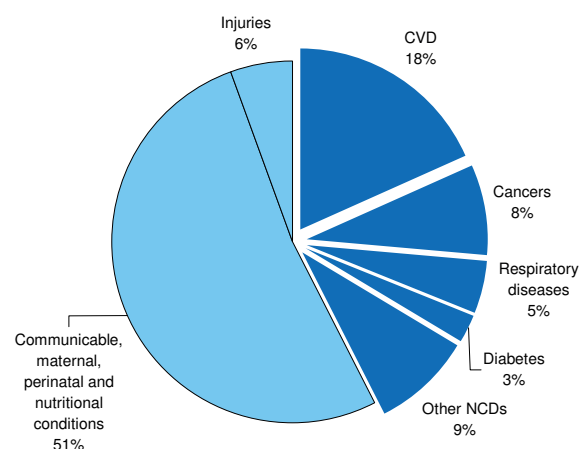
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	...	...	...
Physical inactivity	16.5	26.6	21.6

## Metabolic risk factors

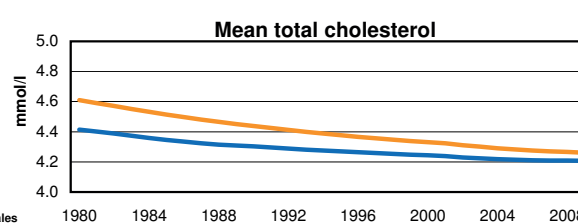
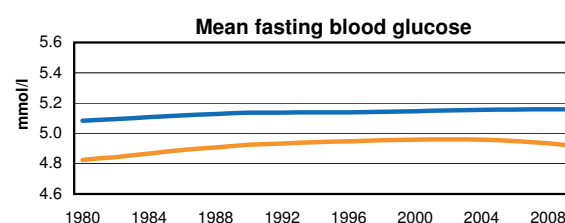
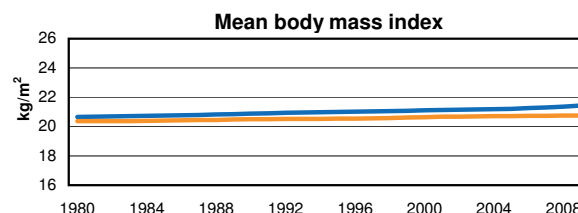
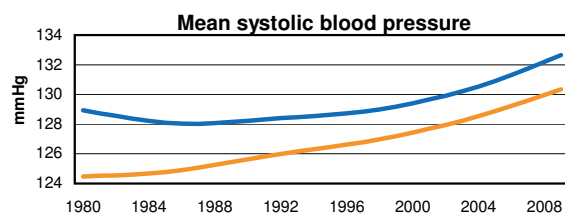
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	43.2	40.4	41.8
Raised blood glucose	...	...	...
Overweight	12.0	8.6	10.3
Obesity	1.7	1.5	1.6
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 42% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	No	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	2/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

\*\* = covered by integrated policy/programme/action plan

World Health Organization - NCD Country Profiles, 2011.

# Malawi

2010 total population: 14 900 841

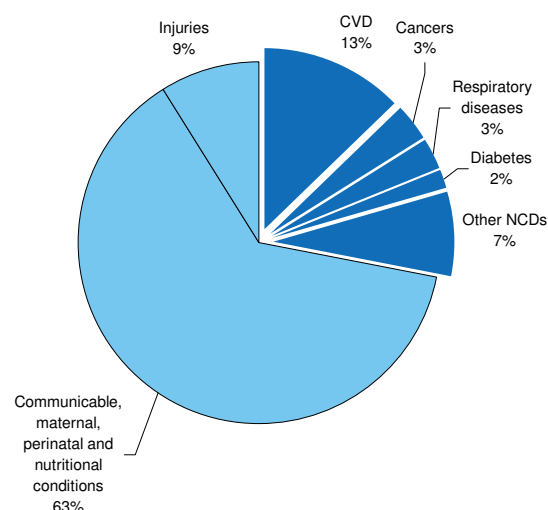
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	39.7	28.1
NCD deaths under age 60	55.5	41.4
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	1208.2	811.5
Cancers	83.5	105.5
Chronic respiratory diseases	144.7	57.7
Cardiovascular diseases and diabetes	674.1	500.0

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	20.1	2.1	10.9
Physical inactivity	6.8	12.6	9.8

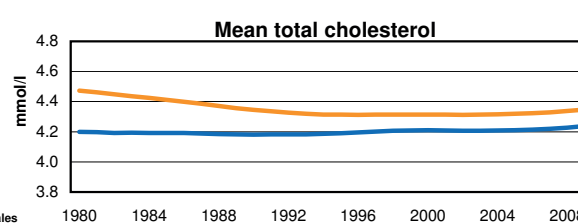
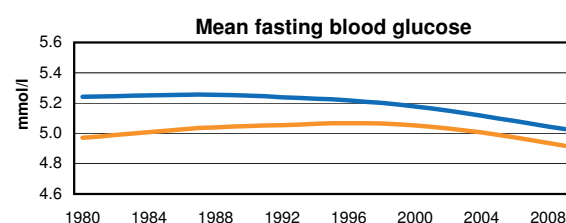
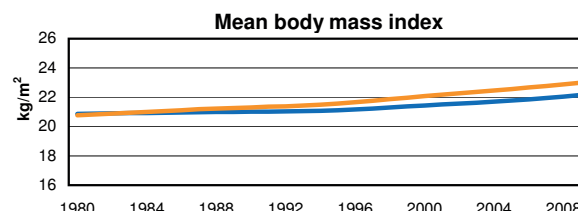
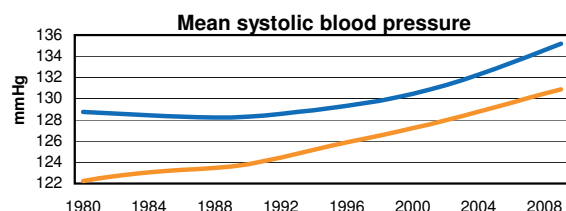
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	45.6	41.4	43.4
Raised blood glucose	5.5	5.4	5.4
Overweight	16.5	23.5	20.1
Obesity	2.6	6.0	4.3
Raised cholesterol	22.8	24.1	23.5

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 28% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	Yes
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	No	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

World Health Organization - NCD Country Profiles, 2011.



# Malaysia

2010 total population: 28 401 017

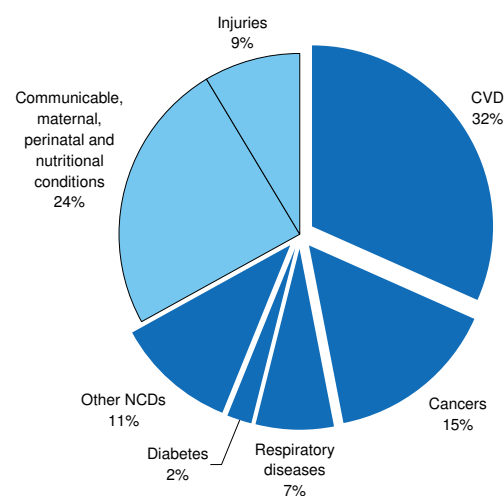
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	50.4	39.1
NCD deaths under age 60 (percent of all NCD deaths)	33.7	26.3
<i>Age-standardized death rate per 100 000</i>		
All NCDs	605.7	436.5
Cancers	118.8	89.9
Chronic respiratory diseases	74.7	42.1
Cardiovascular diseases and diabetes	318.7	236.5

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	40.9	1.6	21.5
Physical inactivity	56.0	65.0	60.5

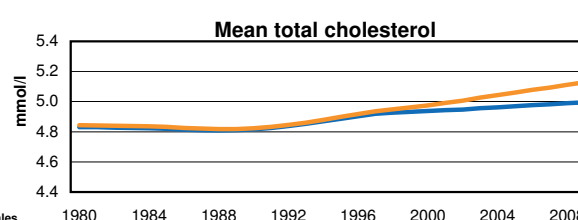
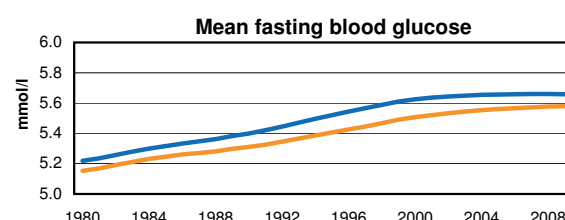
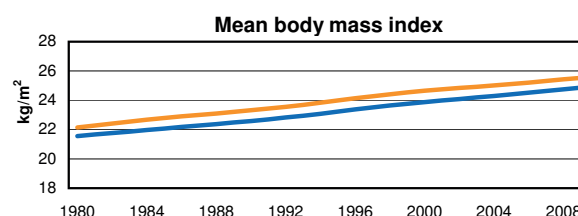
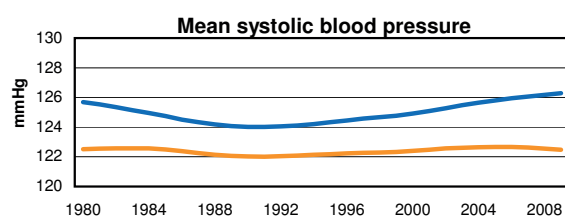
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	36.9	32.4	34.7
Raised blood glucose	10.6	10.3	10.5
Overweight	42.1	46.3	44.2
Obesity	10.4	17.6	14.0
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 67% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available

\*\* = covered by integrated policy/programme/action plan

# Maldives

2010 total population: 315 885

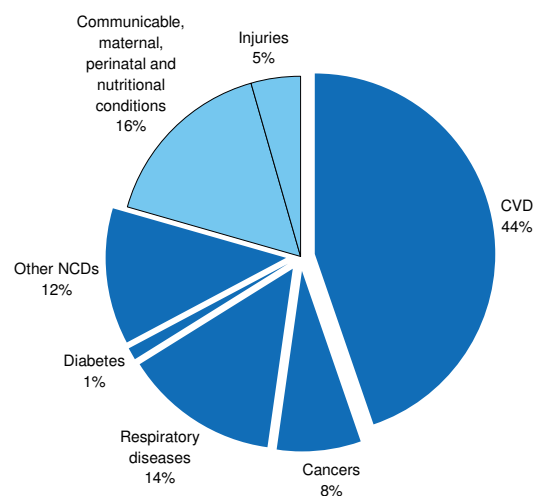
Income group: Lower middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.5	0.4
NCD deaths under age 60 (percent of all NCD deaths)	24.3	22.5
<i>Age-standardized death rate per 100 000</i>		
All NCDs	611.2	559.4
Cancers	64.0	40.5
Chronic respiratory diseases	93.0	111.4
Cardiovascular diseases and diabetes	368.8	333.2

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	38.1	7.3	22.8
Physical inactivity	36.6	41.3	38.9

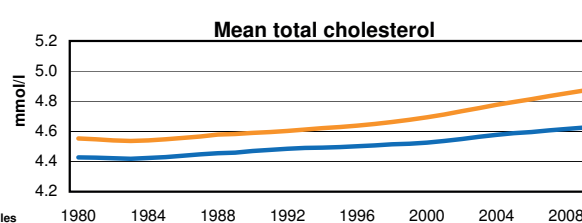
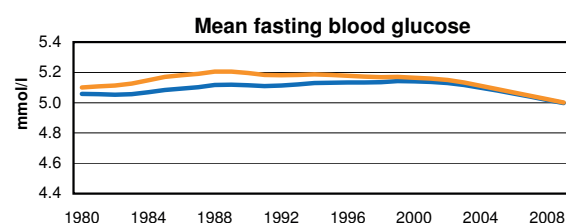
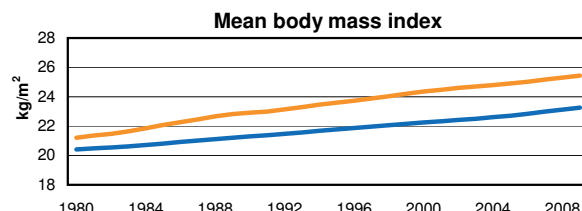
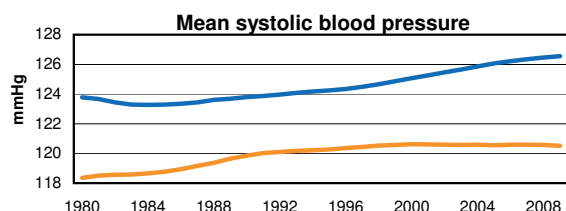
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	6.3	6.2	6.2
Overweight	27.3	43.8	35.4
Obesity	5.9	20.2	12.9
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 79% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
<i>National health reporting system includes:</i>		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	No	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available

\*\* = covered by integrated policy/programme/action plan



# Mali

2010 total population: 15 369 809

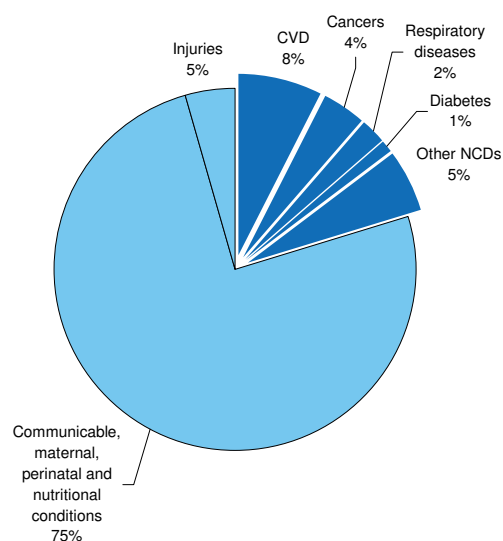
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	18.2	15.7
NCD deaths under age 60 (percent of all NCD deaths)	50.2	43.1
<i>Age-standardized death rate per 100 000</i>		
All NCDs	814.4	684.3
Cancers	105.9	123.6
Chronic respiratory diseases	117.1	54.7
Cardiovascular diseases and diabetes	418.8	393.1

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	26.5	1.3	13.5
Physical inactivity	16.7	21.8	19.3

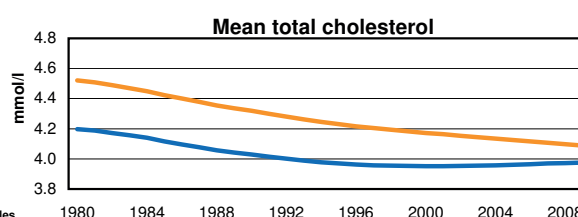
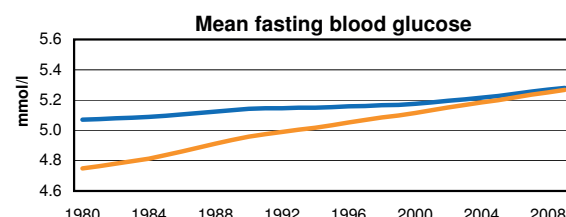
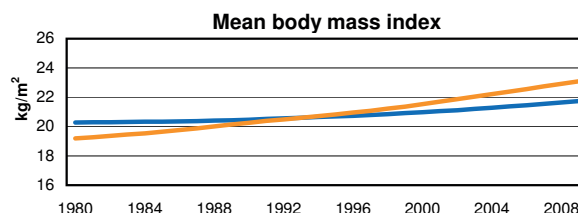
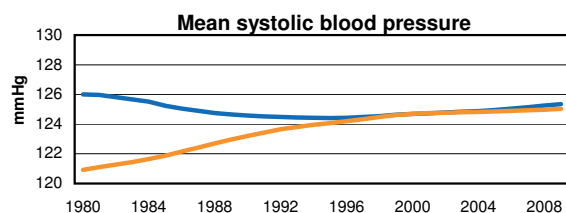
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	34.0	35.3	34.7
Raised blood glucose	...	...	...
Overweight	13.7	24.1	19.2
Obesity	2.1	6.3	4.3
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 20% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
		Alcohol	No
National health reporting system includes:		Unhealthy diet / Overweight / Obesity	Yes
NCD cause-specific mortality	Yes	Physical inactivity	No
NCD morbidity	Yes	Tobacco	Yes
NCD risk factors	No		
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

World Health Organization - NCD Country Profiles, 2011.

# Malta

2010 total population: 416 515

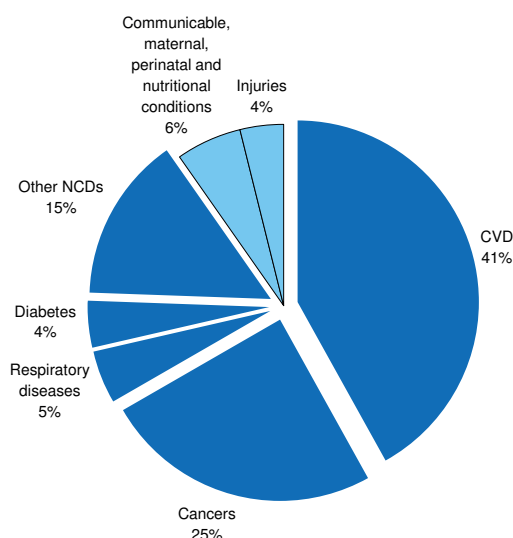
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	1.4	1.5
NCD deaths under age 60 (percent of all NCD deaths)	13.8	8.6
<i>Age-standardized death rate per 100 000</i>		
All NCDs	441.0	303.1
Cancers	136.5	92.2
Chronic respiratory diseases	31.6	9.4
Cardiovascular diseases and diabetes	202.0	148.2

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	26.2	16.2	21.2
Physical inactivity	70.7	74.2	72.5

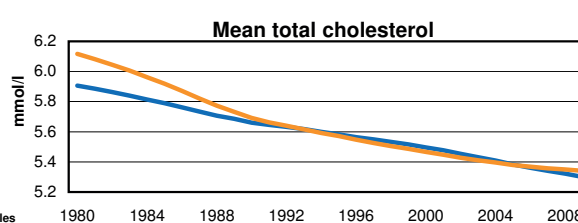
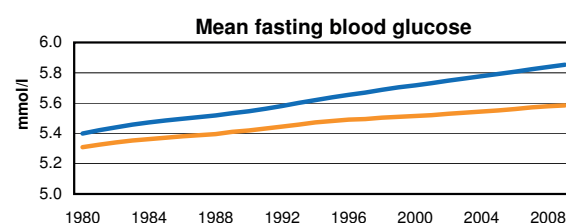
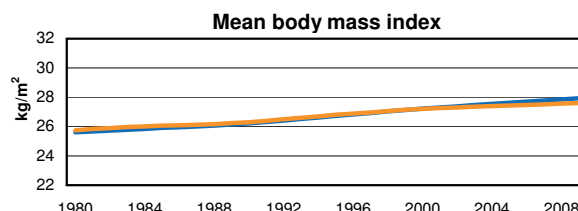
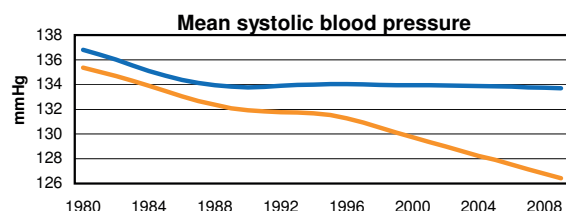
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	46.6	40.7	43.6
Raised blood glucose	13.0	11.0	12.0
Overweight	68.4	60.4	64.3
Obesity	27.3	30.3	28.8
Raised cholesterol	61.5	60.9	61.2

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 90% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
		Alcohol	No
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	Yes
NCD cause-specific mortality	Yes	Physical inactivity	Yes
NCD morbidity	Yes	Tobacco	No
NCD risk factors	Yes		
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	2/5





# Marshall Islands

2010 total population: 54 038

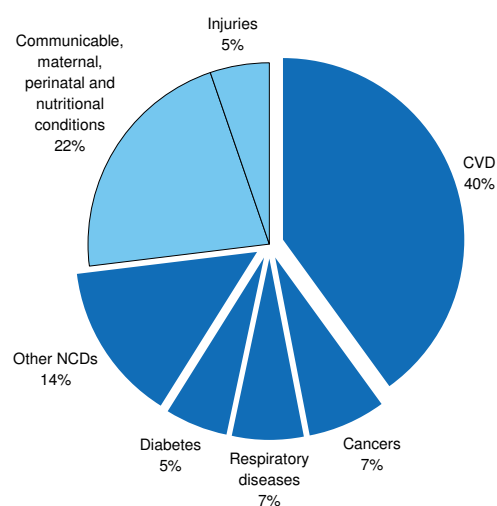
Income group: Lower middle

NCD mortality*			
2008 estimates			
	males	females	
Total NCD deaths (000s)	0.3	0.3	
NCD deaths under age 60 (percent of all NCD deaths)	52.2	42.8	
Age-standardized death rate per 100 000			
All NCDs	1280.1	1316.0	
Cancers	100.7	129.0	
Chronic respiratory diseases	135.1	107.1	
Cardiovascular diseases and diabetes	818.5	831.4	

Behavioural risk factors			
2008 estimated prevalence (%)			
	males	females	total
Current daily tobacco smoking	31.6	3.8	17.3
Physical inactivity	46.3	57.1	51.7

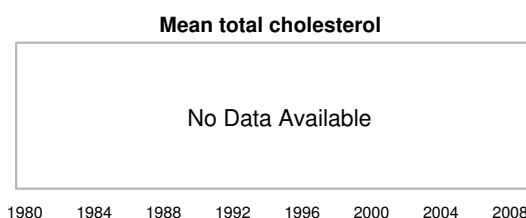
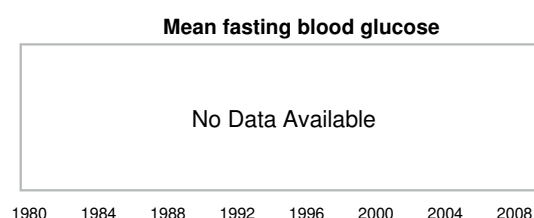
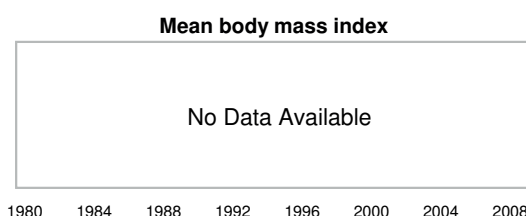
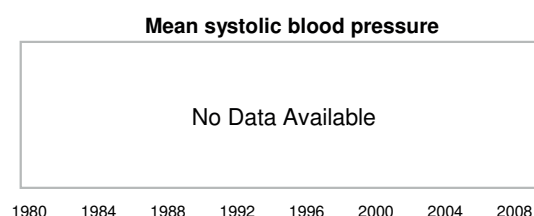
Metabolic risk factors			
2008 estimated prevalence (%)			
	males	females	total
Raised blood pressure	37.4	28.4	32.7
Raised blood glucose	23.8	29.0	26.5
Overweight	77.4	81.0	79.2
Obesity	37.9	52.4	45.4
Raised cholesterol	42.8	45.9	44.4

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 73% of all deaths.

## Metabolic risk factor trends



■ Males  
■ Females

## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

\*\* = covered by integrated policy/programme/action plan

# Mauritania

2010 total population: 3 459 773

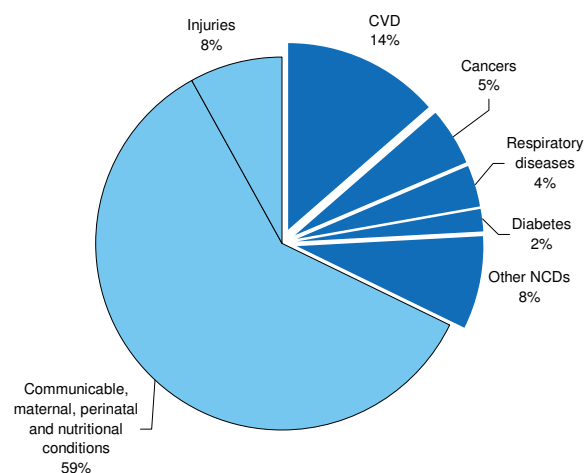
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males 4.7	females 5.3
NCD deaths under age 60 (percent of all NCD deaths)	males 52.3	females 44.5
<i>Age-standardized death rate per 100 000</i>		
All NCDs	males 787.6	females 734.2
Cancers	males 102.7	females 100.1
Chronic respiratory diseases	males 113.1	females 64.7
Cardiovascular diseases and diabetes	males 407.1	females 436.7

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males 29.8	females 4.0	total 16.9
Physical inactivity	males 38.5	females 46.2	total 42.3

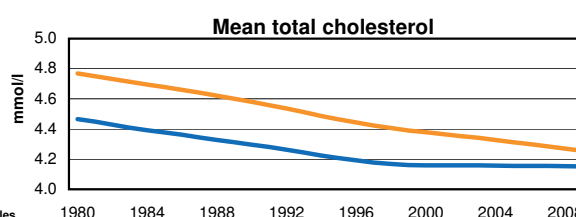
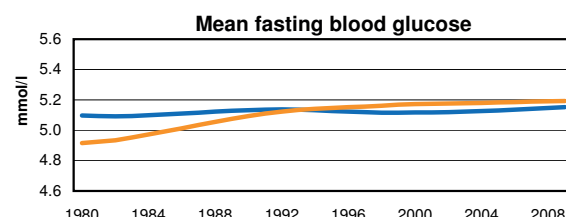
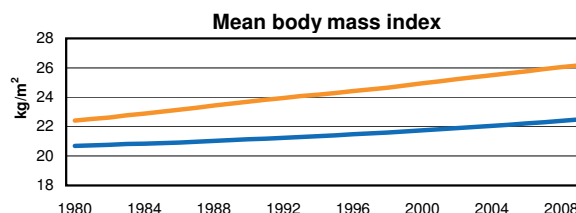
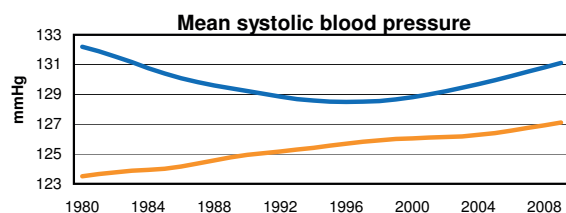
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males ...	females ...	total ...
Raised blood glucose	males 6.3	females 7.3	total 6.8
Overweight	males 20.3	females 51.6	total 36.0
Obesity	males 3.7	females 21.7	total 12.7
Raised cholesterol	males 21.2	females 22.5	total 21.8

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 32% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

World Health Organization - NCD Country Profiles, 2011.



# Mauritius

2010 total population: 1 299 172

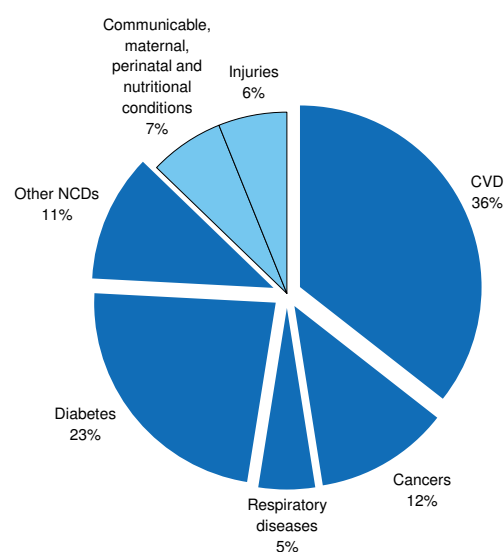
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	4.2	3.6
NCD deaths under age 60 (percent of all NCD deaths)	36.1	22.5
<i>Age-standardized death rate per 100 000</i>		
All NCDs	816.0	497.6
Cancers	103.1	75.4
Chronic respiratory diseases	53.8	26.2
Cardiovascular diseases and diabetes	545.0	344.9

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	25.0	1.3	13.0
Physical inactivity	37.1	39.1	38.1

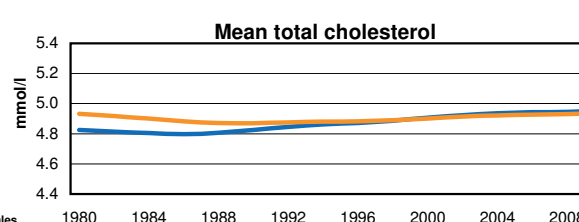
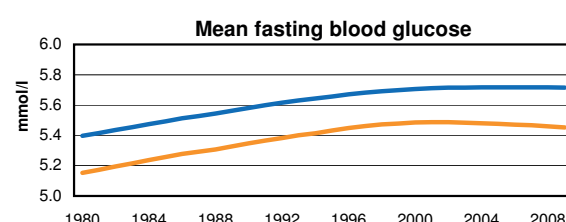
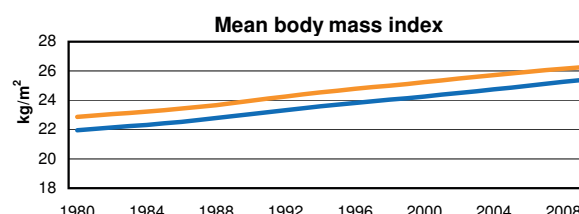
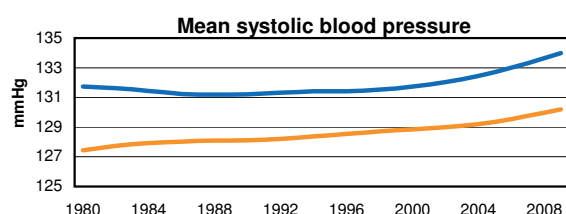
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	11.1	9.8	10.4
Overweight	47.4	52.7	50.1
Obesity	13.2	23.6	18.5
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 87% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes
<i>National health reporting system includes:</i>		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available

# Mexico

2010 total population: 113 423 047

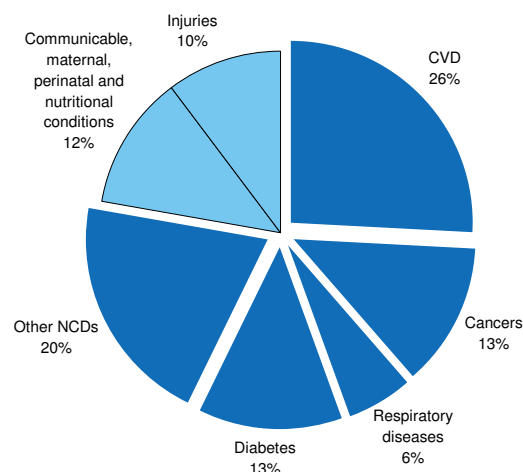
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	227.1	210.7
NCD deaths under age 60 (percent of all NCD deaths)	31.0	23.7
<i>Age-standardized death rate per 100 000</i>		
All NCDs	542.6	411.7
Cancers	87.3	74.9
Chronic respiratory diseases	44.5	27.1
Cardiovascular diseases and diabetes	257.8	216.8

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	21.0	6.2	13.4
Physical inactivity	36.0	37.9	37.0

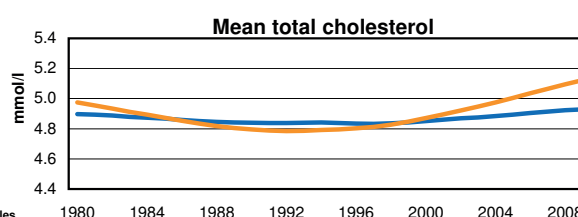
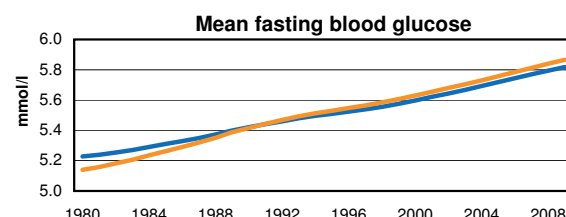
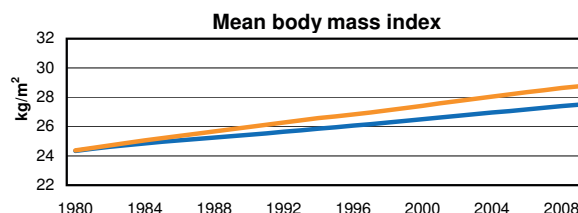
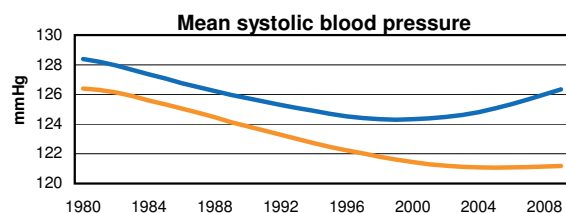
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	37.2	30.9	33.9
Raised blood glucose	12.3	13.7	13.1
Overweight	67.3	69.3	68.3
Obesity	26.3	37.4	32.1
Raised cholesterol	47.1	51.6	49.5

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 78% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	DK
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	DK	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\*\* = covered by integrated policy/programme/action plan  
DK = Country responded "don't know"



# Micronesia (Federated States of)

2010 total population: 111 064

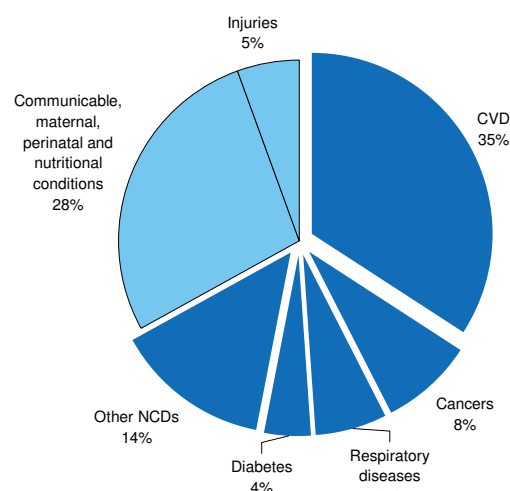
Income group: Lower middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.2	0.2
NCD deaths under age 60 (percent of all NCD deaths)	38.8	37.0
<i>Age-standardized death rate per 100 000</i>		
All NCDs	753.7	622.8
Cancers	79.3	90.1
Chronic respiratory diseases	80.2	50.8
Cardiovascular diseases and diabetes	459.4	363.1

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	22.4	12.4	17.5
Physical inactivity	56.4	74.3	65.2

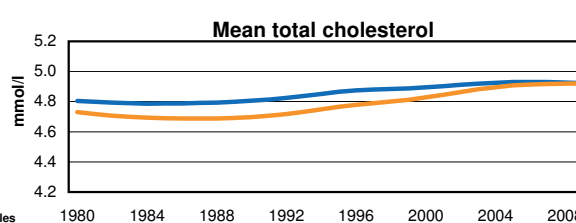
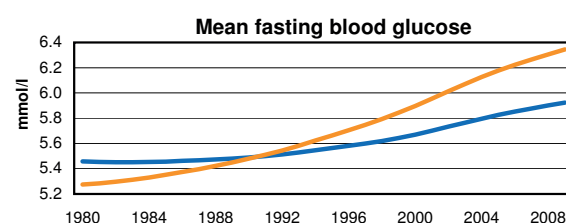
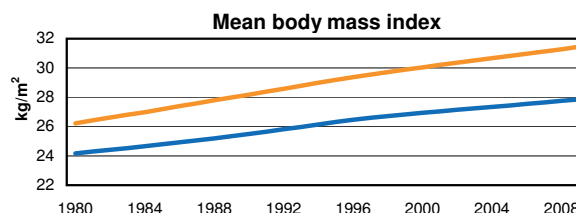
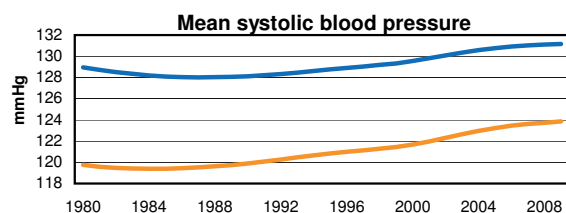
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	42.7	34.1	38.3
Raised blood glucose	12.8	18.3	15.6
Overweight	67.9	82.5	75.2
Obesity	28.1	53.2	40.6
Raised cholesterol	47.1	45.4	46.2

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 67% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

\*\* = covered by integrated policy/programme/action plan

# Monaco

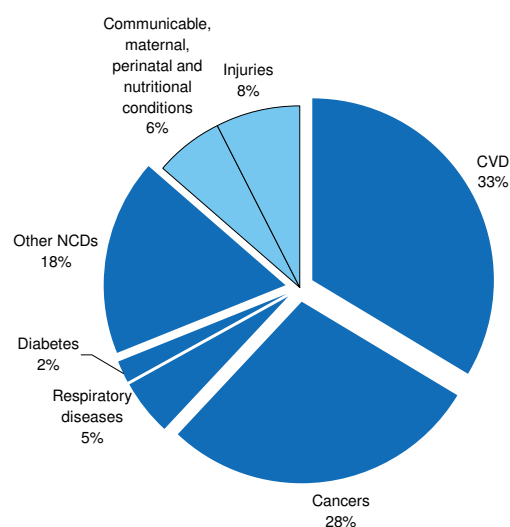
2010 total population: 35 407  
Income group: High

NCD mortality*			
2008 estimates			
	males	females	
Total NCD deaths (000s)	0.1	0.1	
NCD deaths under age 60 (percent of all NCD deaths)	16.9	8.6	
Age-standardized death rate per 100 000			
All NCDs	399.9	211.2	
Cancers	165.6	78.1	
Chronic respiratory diseases	21.2	9.7	
Cardiovascular diseases and diabetes	138.6	75.8	

Behavioural risk factors			
2008 estimated prevalence (%)			
	males	females	total
Current daily tobacco smoking	...	...	...
Physical inactivity	...	...	...

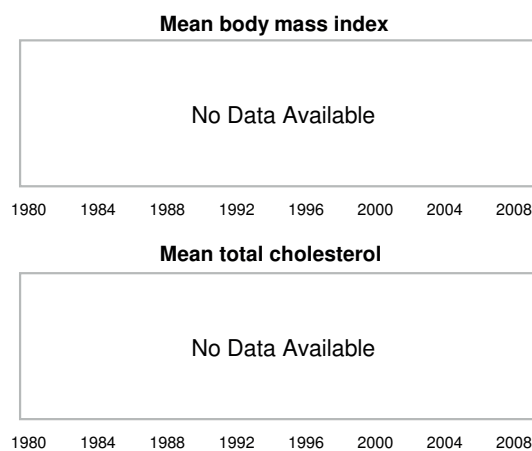
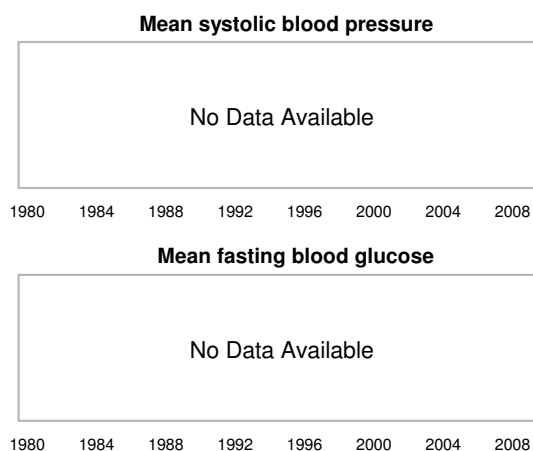
Metabolic risk factors			
2008 estimated prevalence (%)			
	males	females	total
Raised blood pressure	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 86% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

\*\* = covered by integrated policy/programme/action plan



# Mongolia

2010 total population: 2 756 001

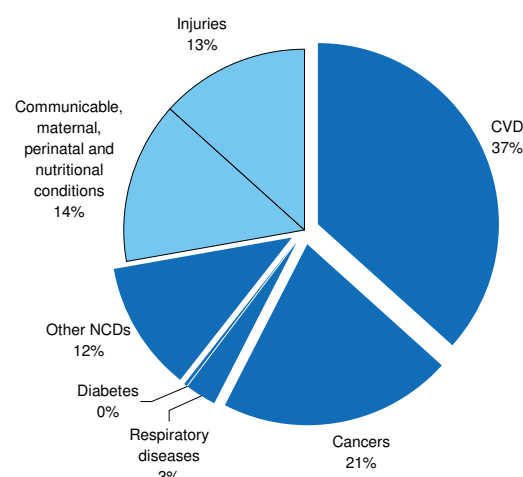
Income group: Lower middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	6.1	4.8
NCD deaths under age 60	48.0	35.4
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	867.7	569.0
Cancers	259.5	166.4
Chronic respiratory diseases	33.6	22.7
Cardiovascular diseases and diabetes	456.4	303.6

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	43.0	5.2	23.7
Physical inactivity	7.9	8.4	8.2

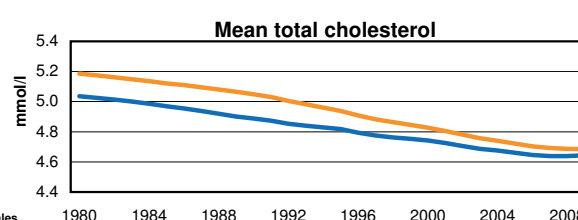
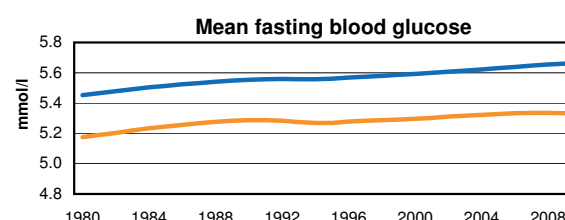
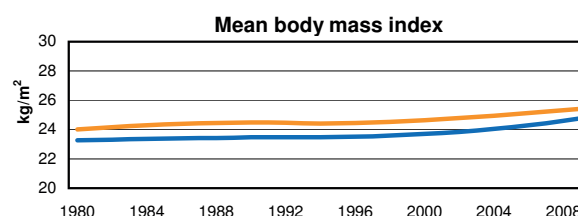
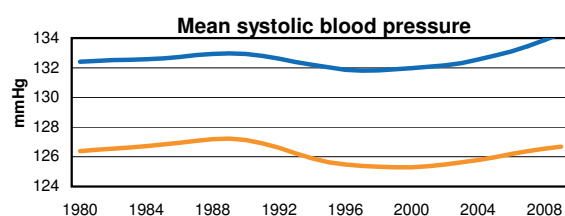
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	44.6	36.4	40.4
Raised blood glucose	9.7	7.8	8.7
Overweight	40.7	45.7	43.2
Obesity	10.4	18.3	14.4
Raised cholesterol	36.4	36.2	36.3

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 72% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

\*\* = covered by integrated policy/programme/action plan

# Montenegro

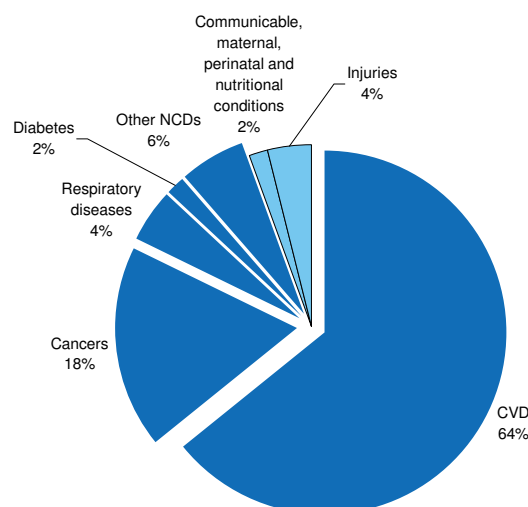
2010 total population: 631 490  
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	2.8	2.9
NCD deaths under age 60 (percent of all NCD deaths)	20.5	11.4
<i>Age-standardized death rate per 100 000</i>		
All NCDs	711.8	529.0
Cancers	165.7	91.9
Chronic respiratory diseases	35.5	24.5
Cardiovascular diseases and diabetes	461.1	378.8

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	...	...	...
Physical inactivity	...	...	...

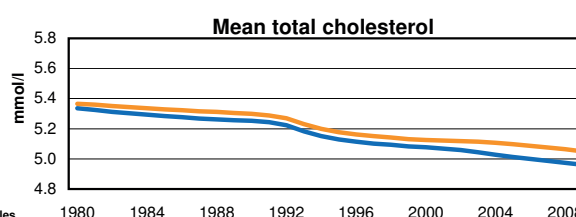
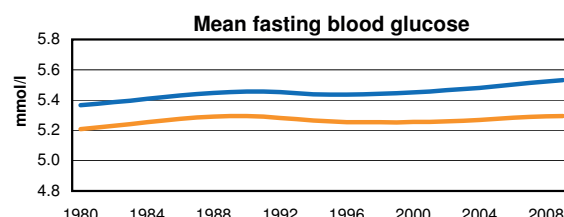
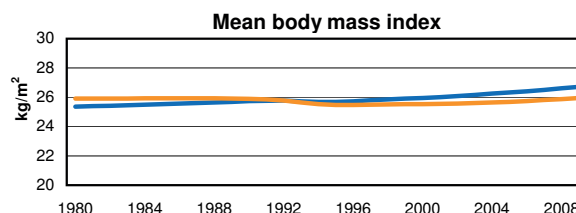
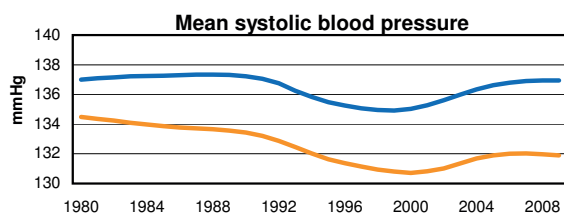
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 95% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available

\*\* = covered by integrated policy/programme/action plan





# Morocco

2010 total population: 31 951 412

Income group: Lower middle

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	66.2	59.0
NCD deaths under age 60 (percent of all NCD deaths)	28.8	23.0
Age-standardized death rate per 100 000		
All NCDs	665.2	523.6
Cancers	90.5	74.5
Chronic respiratory diseases	45.8	29.8
Cardiovascular diseases and diabetes	391.8	319.0

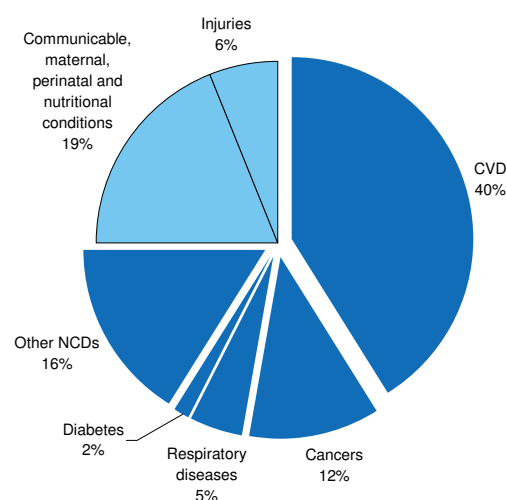
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	28.7	0.2	14.0
Physical inactivity	...	...	...

## Metabolic risk factors

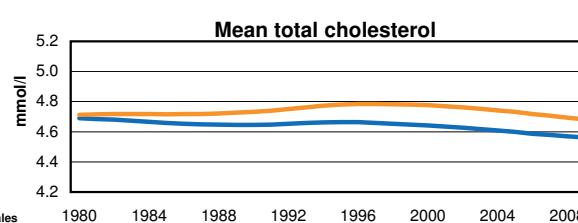
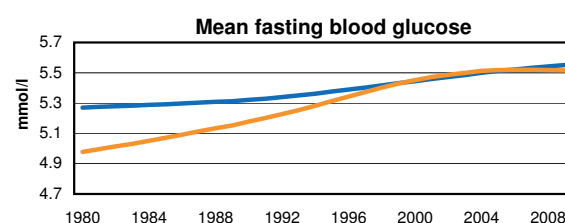
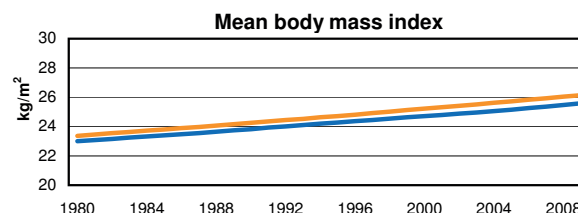
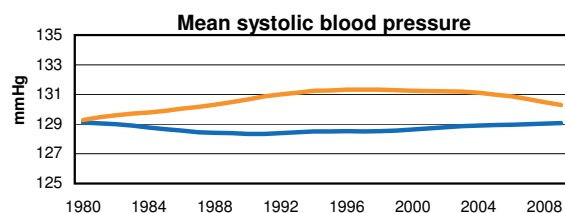
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	40.7	41.7	41.2
Raised blood glucose	9.8	10.0	9.9
Overweight	41.4	51.7	46.8
Obesity	10.5	21.9	16.4
Raised cholesterol	34.4	37.0	35.7

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 75% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes
NCD treatment and control	Yes	Cancer	DK
NCD prevention and health promotion	No	Chronic respiratory diseases	DK
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	No	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available  
DK = Country responded "don't know"

World Health Organization - NCD Country Profiles, 2011.

# Mozambique

2010 total population: 23 390 765

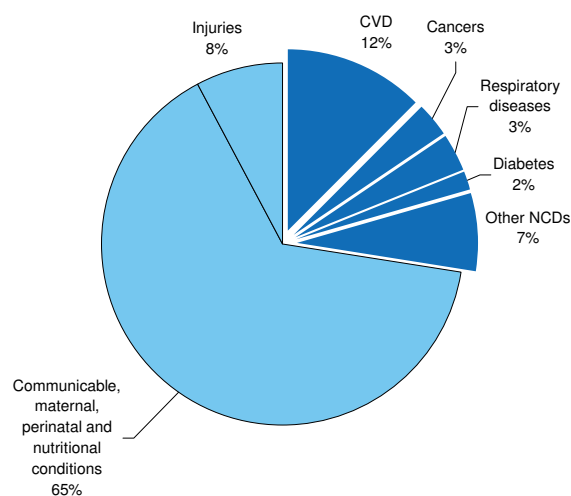
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males 48.6	females 47.8
NCD deaths under age 60 (percent of all NCD deaths)	49.0	42.8
<i>Age-standardized death rate per 100 000</i>		
All NCDs	1029.5	801.1
Cancers	90.9	95.0
Chronic respiratory diseases	154.4	74.7
Cardiovascular diseases and diabetes	548.7	478.0

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males 13.1	females 1.5	total 7.0
Physical inactivity	6.3	6.8	6.6

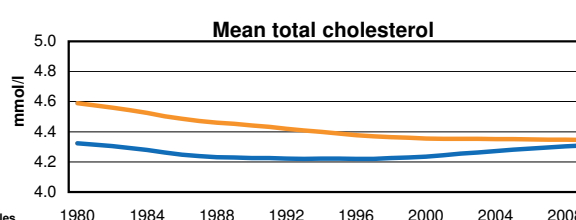
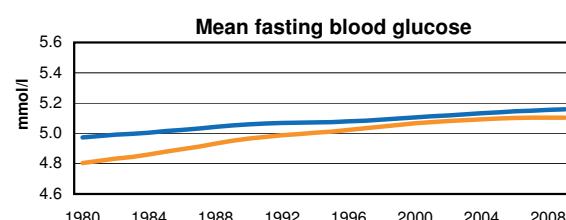
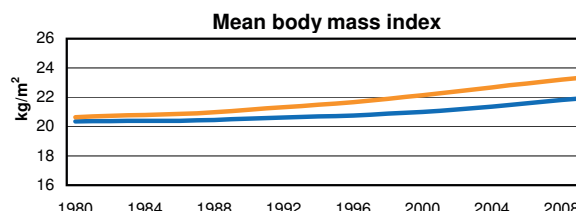
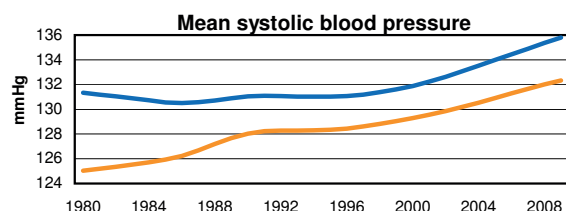
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males 46.7	females 43.3	total 44.9
Raised blood glucose	...	...	...
Overweight	14.9	26.5	21.1
Obesity	2.3	7.2	4.9
Raised cholesterol	25.2	24.9	25.0

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 28% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	No	Physical inactivity	Yes**
NCD risk factors	No	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

\*\* = covered by integrated policy/programme/action plan



# Myanmar

2010 total population: 47 963 012

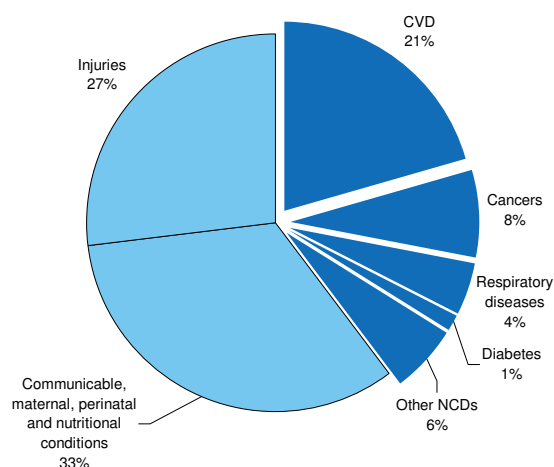
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	125.8	116.6
NCD deaths under age 60	32.4	26.3
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	737.4	570.5
Cancers	123.5	114.9
Chronic respiratory diseases	89.1	60.1
Cardiovascular diseases and diabetes	411.5	326.8

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	31.6	10.1	20.5
Physical inactivity	9.8	14.4	12.2

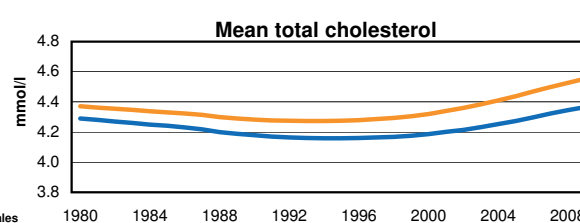
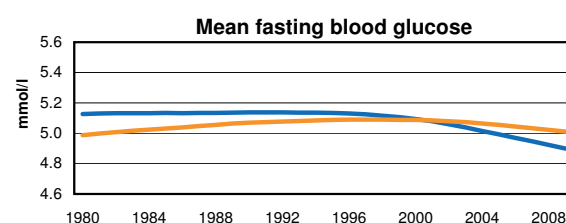
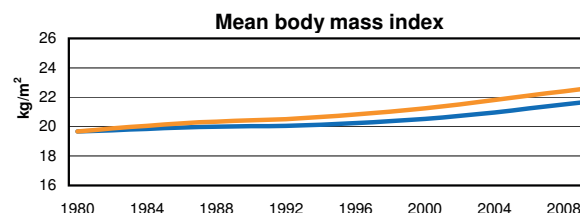
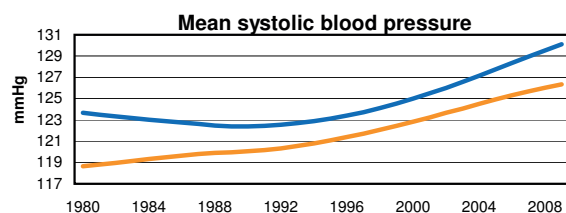
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	40.7	36.7	38.6
Raised blood glucose	5.4	6.5	6.0
Overweight	13.3	23.4	18.4
Obesity	1.9	6.0	4.0
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 40% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	DK
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes
<i>National health reporting system includes:</i>		Alcohol	DK
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	DK
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

DK = Country responded "don't know"

World Health Organization - NCD Country Profiles, 2011.

# Namibia

2010 total population: 2 283 289

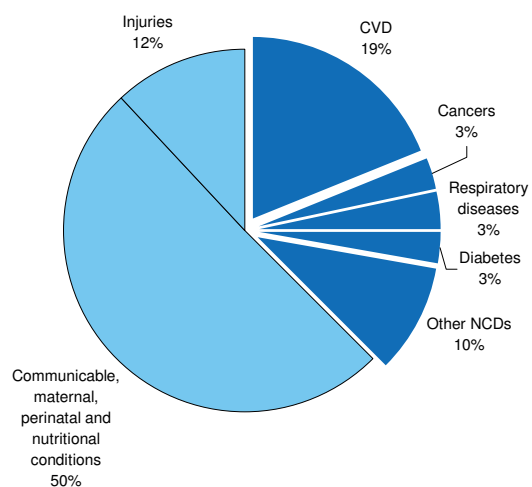
Income group: Upper middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	5.4	3.3
NCD deaths under age 60	47.9	34.5
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	1073.2	556.6
Cancers	63.9	49.6
Chronic respiratory diseases	111.0	34.7
Cardiovascular diseases and diabetes	632.5	361.0

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	21.6	6.9	14.1
Physical inactivity	49.5	62.8	56.3

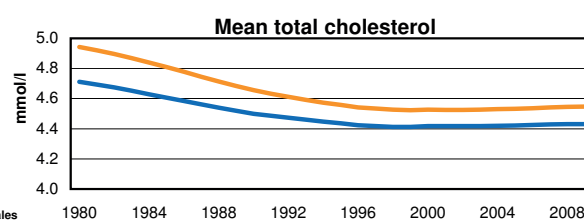
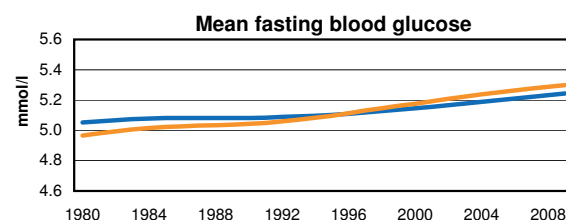
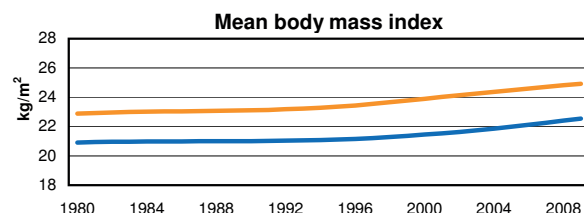
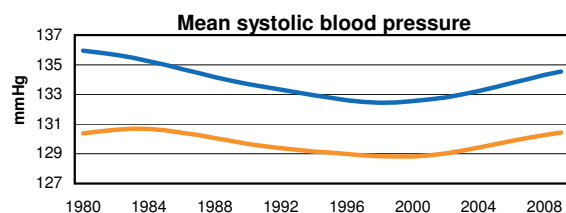
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	45.1	41.8	43.4
Raised blood glucose	...	...	...
Overweight	20.3	41.2	31.1
Obesity	3.6	15.0	9.5
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 38% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available



# Nauru

2010 total population: 10 255

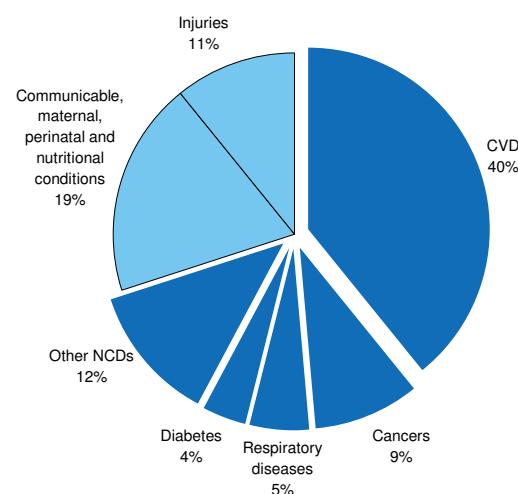
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.0	0.0
NCD deaths under age 60 (percent of all NCD deaths)	54.0	48.5
<i>Age-standardized death rate per 100 000</i>		
All NCDs	1367.4	845.5
Cancers	114.7	190.6
Chronic respiratory diseases	86.3	72.3
Cardiovascular diseases and diabetes	922.3	473.0

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	44.3	50.5	47.5
Physical inactivity	47.7	51.2	49.4

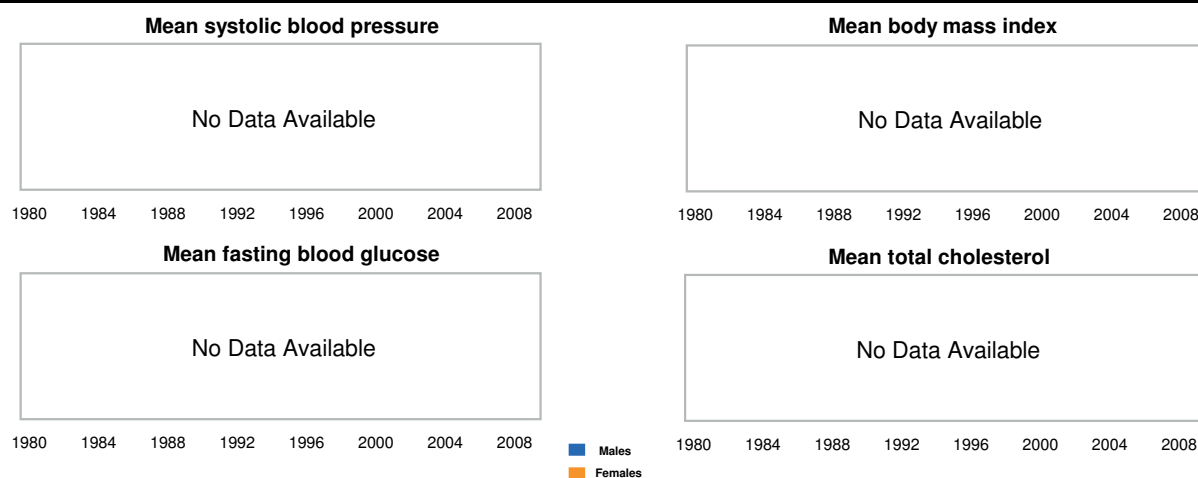
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	45.0	34.6	39.6
Raised blood glucose	11.6	13.3	12.5
Overweight	93.5	92.3	92.9
Obesity	67.7	74.4	71.1
Raised cholesterol	41.2	48.1	44.7

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 70% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs			
Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
		Alcohol	Yes**
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	Yes**
NCD cause-specific mortality	Yes	Physical inactivity	Yes**
NCD morbidity	Yes	Tobacco	Yes**
NCD risk factors	Yes		
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\*\* = covered by integrated policy/programme/action plan

# Nepal

2010 total population: 29 959 364

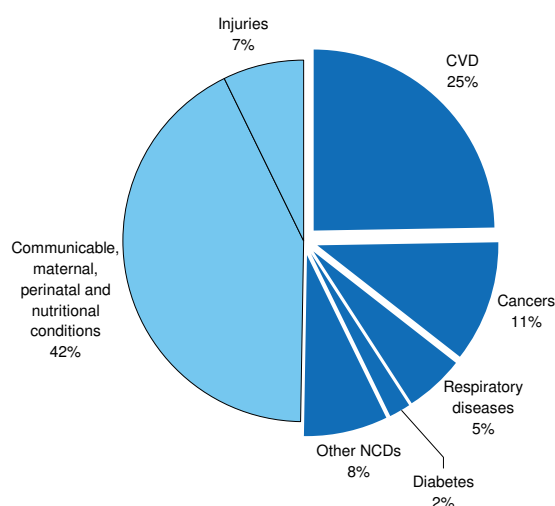
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	48.8	42.8
NCD deaths under age 60	35.3	31.3
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	705.5	536.3
Cancers	113.9	118.9
Chronic respiratory diseases	86.4	54.9
Cardiovascular diseases and diabetes	400.2	301.3

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	25.4	21.3	23.3
Physical inactivity	12.6	15.7	14.2

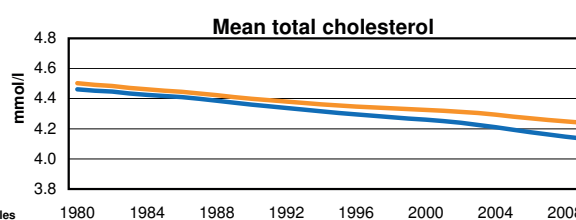
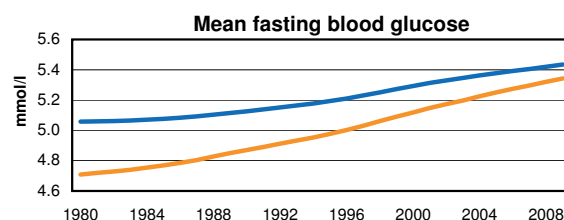
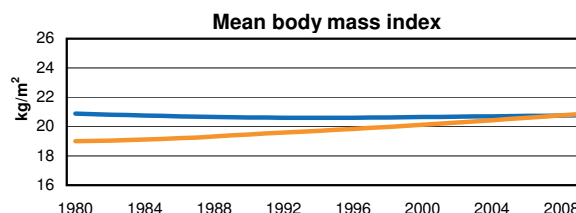
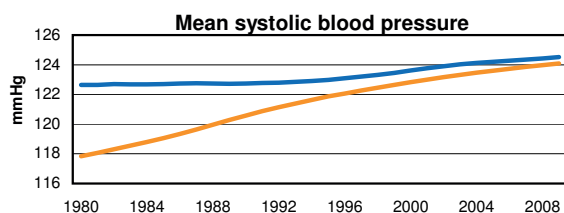
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	8.4	8.3	8.4
Overweight	9.3	8.9	9.1
Obesity	1.3	1.6	1.4
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 50% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes
<i>National health reporting system includes:</i>		Alcohol	Yes
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available



# Netherlands

2010 total population: 16 612 988

Income group: High

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	57.3	61.5
NCD deaths under age 60 (percent of all NCD deaths)	13.8	10.3
Age-standardized death rate per 100 000		
All NCDs	424.9	290.5
Cancers	173.5	120.1
Chronic respiratory diseases	31.2	16.6
Cardiovascular diseases and diabetes	151.0	93.3

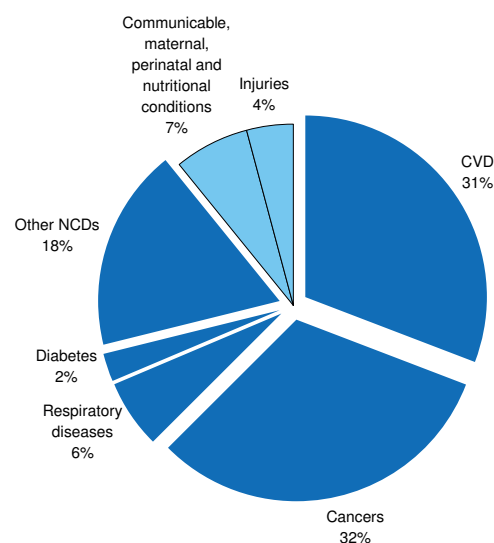
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	24.6	23.6	24.1
Physical inactivity	23.7	16.4	20.0

## Metabolic risk factors

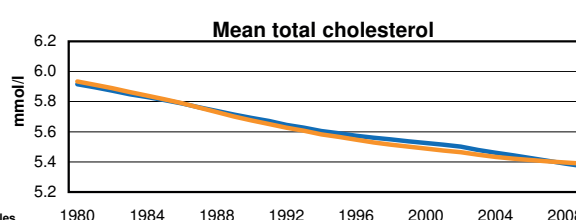
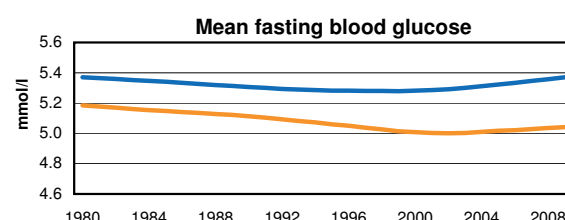
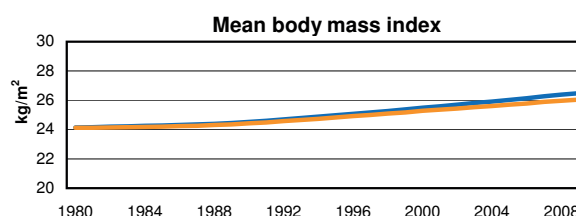
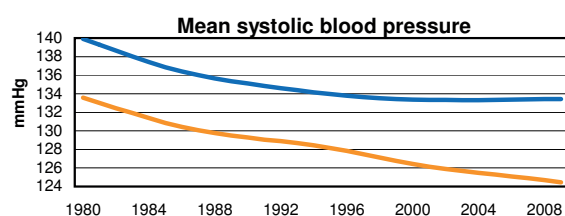
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	46.8	38.2	42.4
Raised blood glucose	7.2	5.5	6.3
Overweight	56.4	48.7	52.5
Obesity	18.1	19.5	18.8
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 89% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes
National health reporting system includes:		Alcohol	Yes
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	Yes
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

# New Zealand

2010 total population: 4 368 136

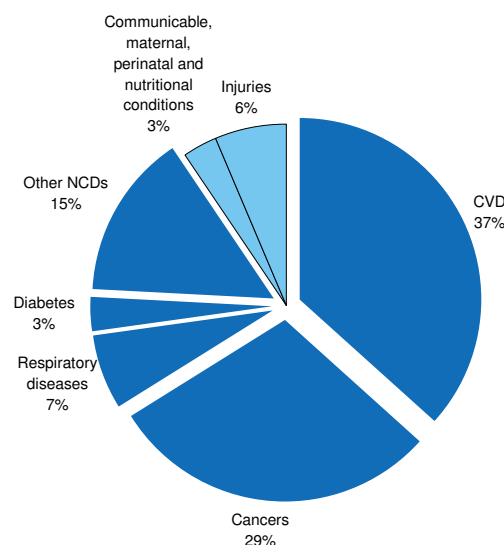
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	13.1	12.8
NCD deaths under age 60 (percent of all NCD deaths)	14.1	11.1
<i>Age-standardized death rate per 100 000</i>		
All NCDs	410.7	285.1
Cancers	149.1	110.8
Chronic respiratory diseases	30.1	20.5
Cardiovascular diseases and diabetes	171.2	106.1

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	21.4	20.1	20.7
Physical inactivity	45.9	50.2	48.1

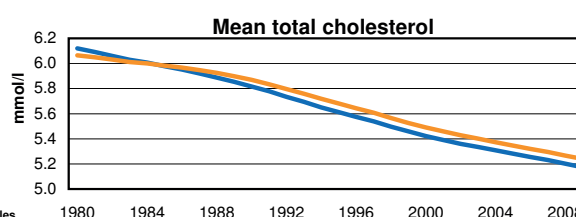
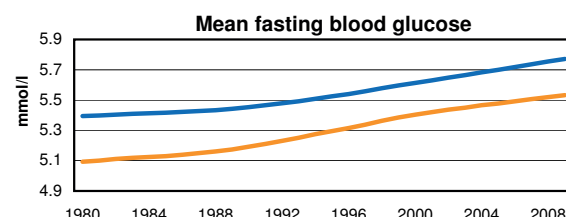
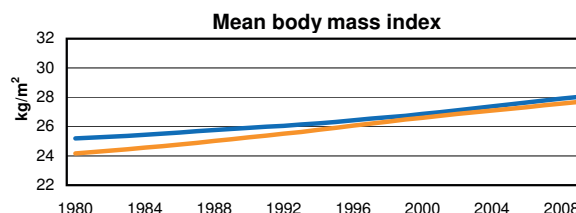
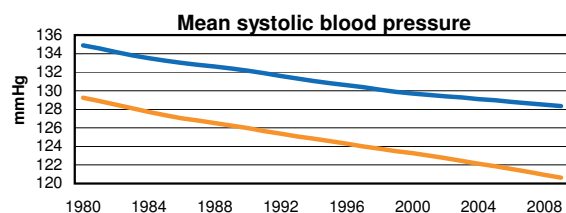
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	40.8	33.0	36.8
Raised blood glucose	...	...	...
Overweight	69.2	62.6	65.8
Obesity	27.3	29.3	28.3
Raised cholesterol	57.5	57.9	57.7

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 91% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	No	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>
<i>There is funding available for:</i>		
NCD treatment and control	Yes	
NCD prevention and health promotion	Yes	
NCD surveillance, monitoring and evaluation	Yes	
<i>National health reporting system includes:</i>		
NCD cause-specific mortality	Yes	
NCD morbidity	Yes	
NCD risk factors	Yes	
Has a national, population-based cancer registry	Yes	
		<i>Number of tobacco (m)POWER measures implemented at the highest level of achievement</i>
		3/5

... = no data available





# Nicaragua

2010 total population: 5 788 163

Income group: Lower middle

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	9.2	8.0
NCD deaths under age 60 (percent of all NCD deaths)	42.7	35.3
Age-standardized death rate per 100 000		
All NCDs	558.8	423.6
Cancers	90.6	101.5
Chronic respiratory diseases	37.9	23.8
Cardiovascular diseases and diabetes	248.0	221.2

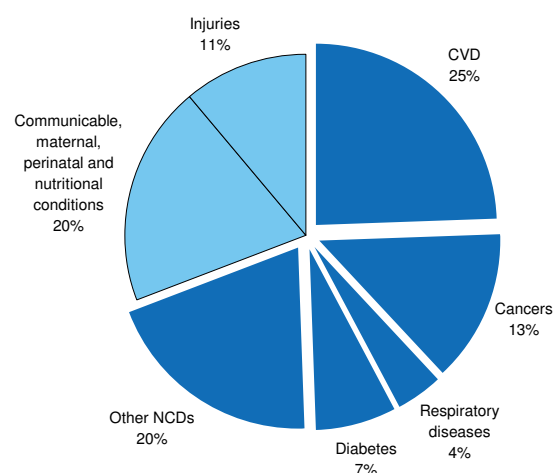
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	...	...	...
Physical inactivity	...	...	...

## Metabolic risk factors

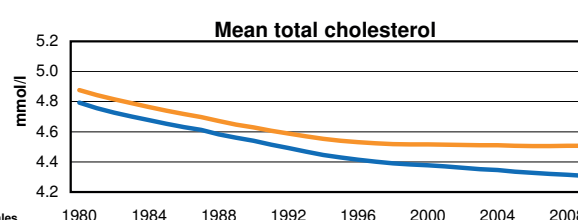
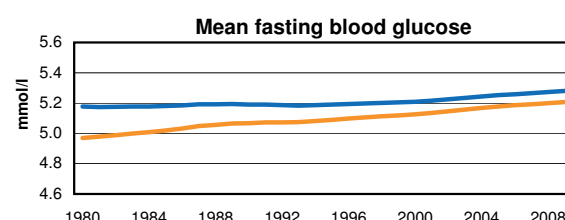
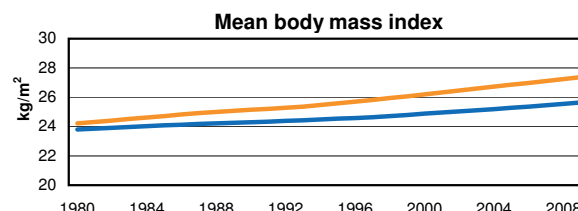
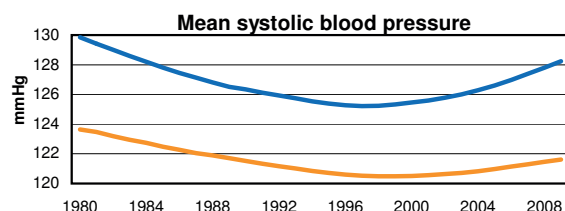
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	38.4	30.4	34.3
Raised blood glucose	7.6	7.8	7.7
Overweight	50.6	60.2	55.5
Obesity	15.4	28.8	22.2
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 69% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	DK	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	Yes
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

DK = Country responded "don't know"

# Niger

2010 total population: 15 511 953

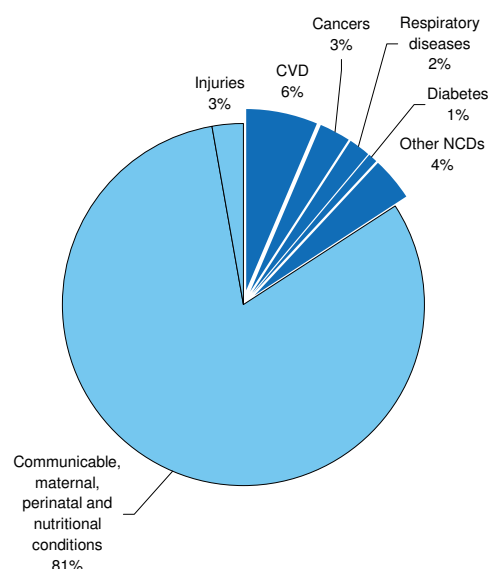
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	14.2	14.8
NCD deaths under age 60 (percent of all NCD deaths)	46.7	39.0
<i>Age-standardized death rate per 100 000</i>		
All NCDs	648.5	669.1
Cancers	74.5	88.9
Chronic respiratory diseases	94.7	56.4
Cardiovascular diseases and diabetes	350.7	412.0

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	7.1	0.3	3.6
Physical inactivity	21.6	31.2	26.5

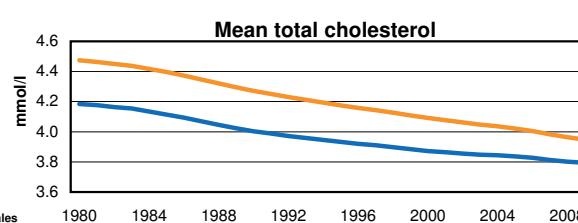
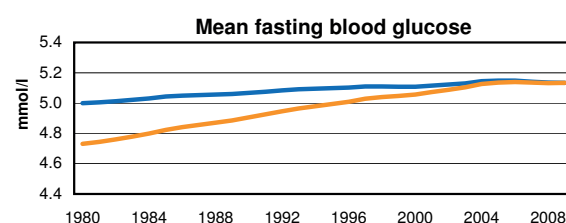
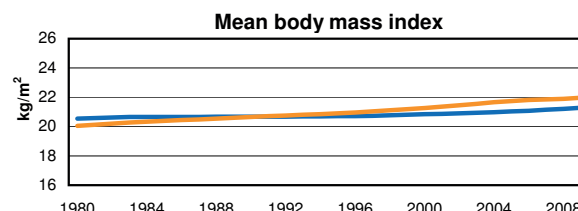
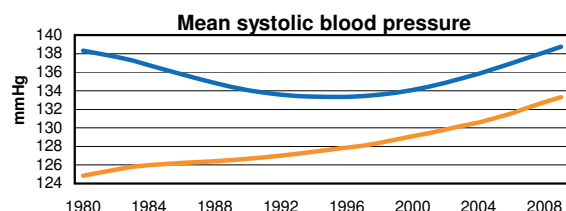
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	52.5	42.8	47.8
Raised blood glucose	...	...	...
Overweight	10.9	15.7	13.2
Obesity	1.5	3.4	2.4
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 16% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	Yes
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available



# Nigeria

2010 total population: 158 423 182

Income group: Lower middle

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	254.6	285.2
NCD deaths under age 60 (percent of all NCD deaths)	41.5	41.8
Age-standardized death rate per 100 000		
All NCDs	818.2	792.6
Cancers	89.4	98.8
Chronic respiratory diseases	119.0	71.6
Cardiovascular diseases and diabetes	435.9	475.7

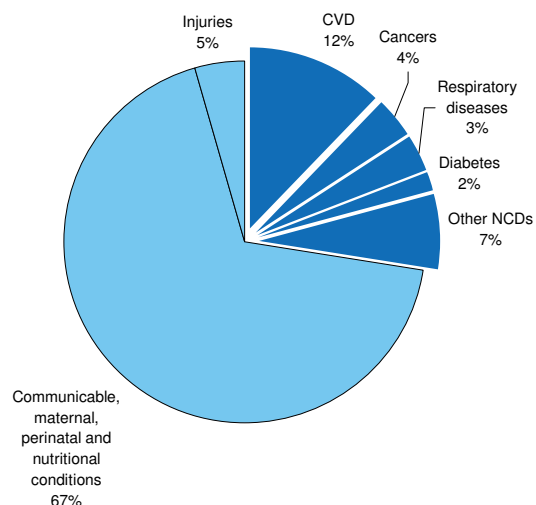
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	7.6	1.7	4.6
Physical inactivity	...	...	...

## Metabolic risk factors

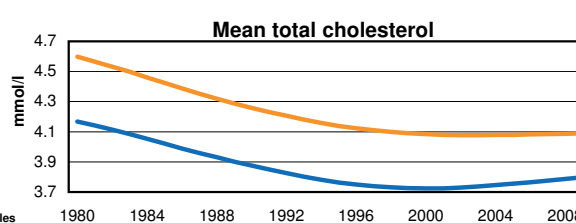
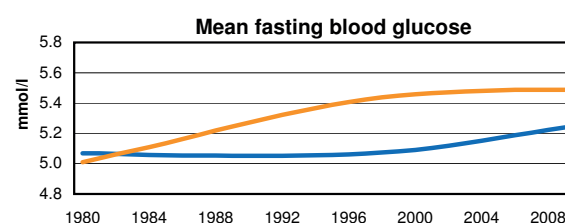
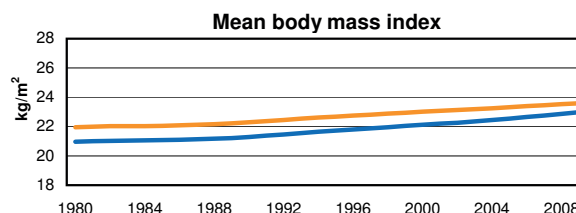
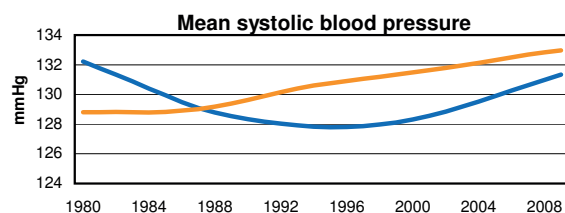
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	41.5	44.0	42.8
Raised blood glucose	6.9	10.0	8.5
Overweight	24.2	29.3	26.8
Obesity	4.6	8.4	6.5
Raised cholesterol	13.6	18.5	16.1

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 27% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

\*\* = covered by integrated policy/programme/action plan

World Health Organization - NCD Country Profiles, 2011.

# Niue

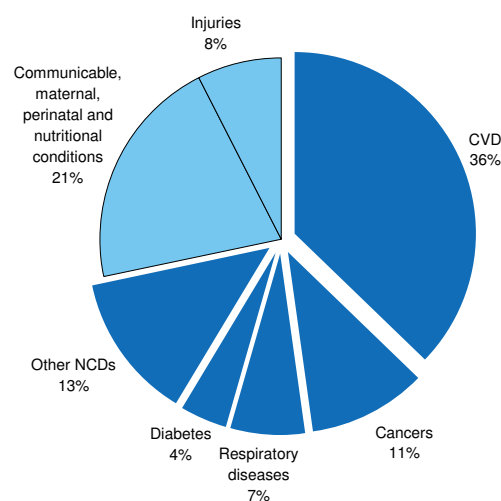
2010 total population: 1 468  
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.0	0.0
NCD deaths under age 60 (percent of all NCD deaths)	45.6	21.3
<i>Age-standardized death rate per 100 000</i>		
All NCDs	790.3	314.6
Cancers	79.7	80.5
Chronic respiratory diseases	81.1	24.2
Cardiovascular diseases and diabetes	486.3	160.4

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	...	...	...
Physical inactivity	...	...	...

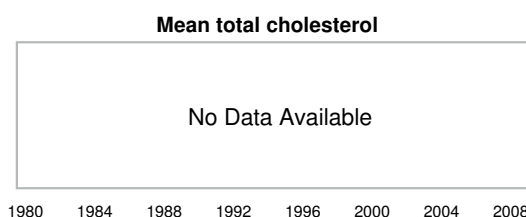
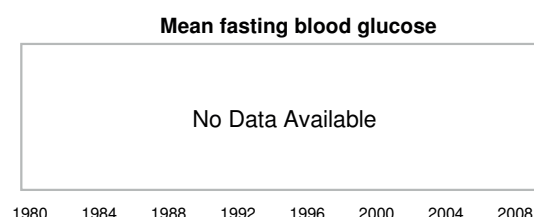
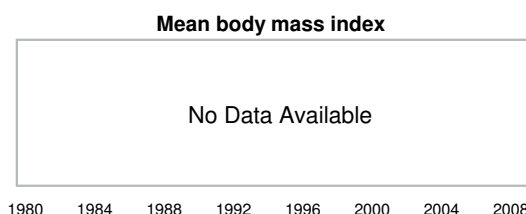
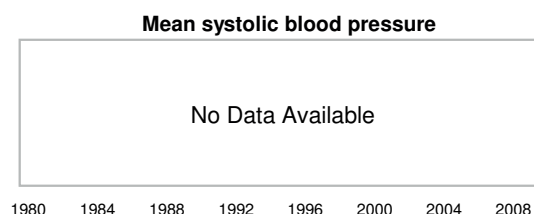
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 72% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	No	Cancer	DK
NCD prevention and health promotion	Yes	Chronic respiratory diseases	DK
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

\*\* = covered by integrated policy/programme/action plan

DK = Country responded "don't know"



# Norway

2010 total population: 4 883 111

Income group: High

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	17.0	18.7
NCD deaths under age 60 (percent of all NCD deaths)	11.7	7.2
Age-standardized death rate per 100 000		
All NCDs	405.0	270.6
Cancers	150.6	107.8
Chronic respiratory diseases	30.7	19.5
Cardiovascular diseases and diabetes	158.4	90.6

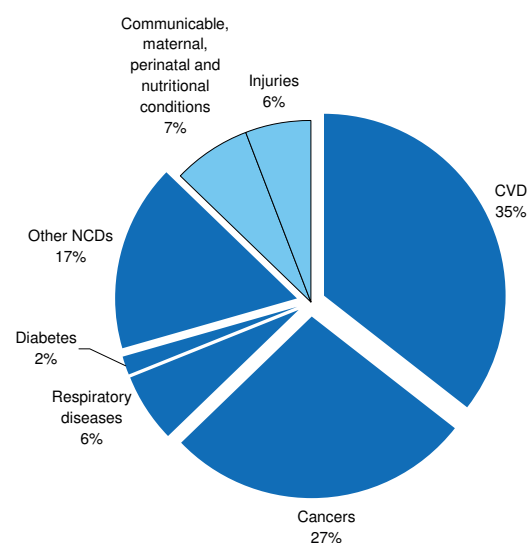
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	22.7	21.8	22.2
Physical inactivity	45.1	45.9	45.5

## Metabolic risk factors

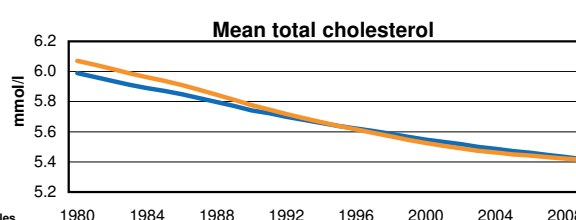
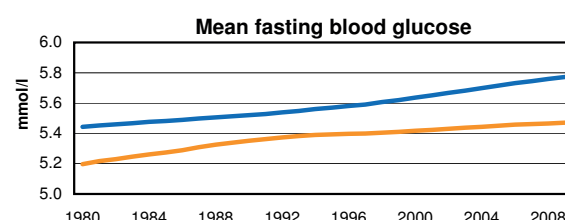
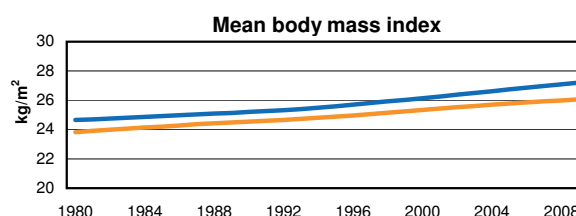
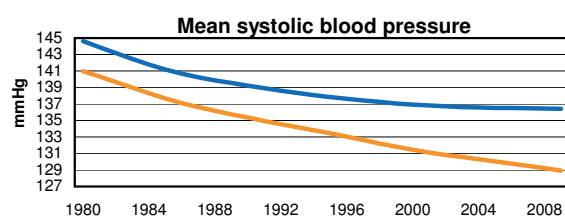
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	50.4	43.4	46.8
Raised blood glucose	12.2	10.0	11.1
Overweight	64.4	51.1	57.6
Obesity	23.0	20.1	21.5
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 87% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	DK
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes
National health reporting system includes:		Alcohol	Yes
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	No	Physical inactivity	No
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available

DK = Country responded "don't know"

# Oman

2010 total population: 2 782 435

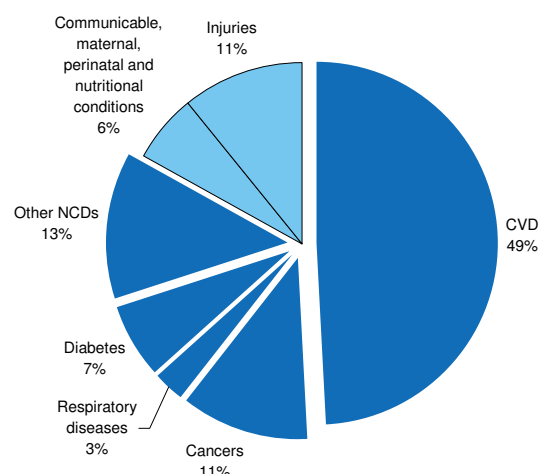
Income group: High

NCD mortality*		
2008 estimates		
Total NCD deaths (000s)	males	females
	5.0	2.7
NCD deaths under age 60	44.5	32.6
(percent of all NCD deaths)		
Age-standardized death rate per 100 000		
All NCDs	757.8	494.2
Cancers	81.1	71.8
Chronic respiratory diseases	31.5	19.1
Cardiovascular diseases and diabetes	545.7	333.3

Behavioural risk factors			
2008 estimated prevalence (%)			
Current daily tobacco smoking	males	females	total
	6.6	0.2	4.0
Physical inactivity	...	...	...

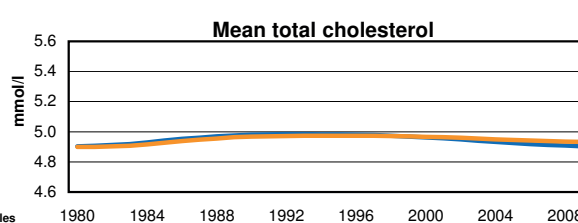
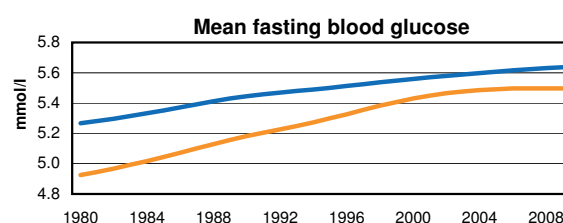
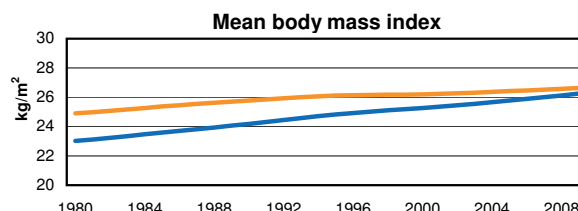
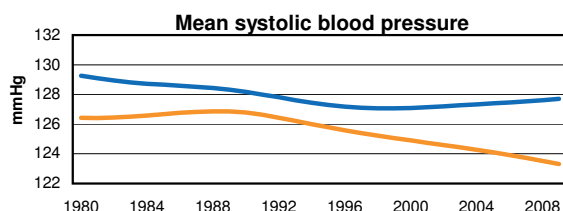
Metabolic risk factors			
2008 estimated prevalence (%)			
Raised blood pressure	males	females	total
	36.6	31.3	34.5
Raised blood glucose	9.9	9.6	9.7
Overweight	56.9	54.2	55.8
Obesity	18.9	23.8	20.9
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 83% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	No	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

\*\* = covered by integrated policy/programme/action plan



# Pakistan

2010 total population: 173 593 383

Income group: Lower middle

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	379.8	301.2
NCD deaths under age 60 (percent of all NCD deaths)	33.4	35.4
Age-standardized death rate per 100 000		
All NCDs	746.9	637.8
Cancers	94.6	94.2
Chronic respiratory diseases	89.2	71.2
Cardiovascular diseases and diabetes	454.6	387.6

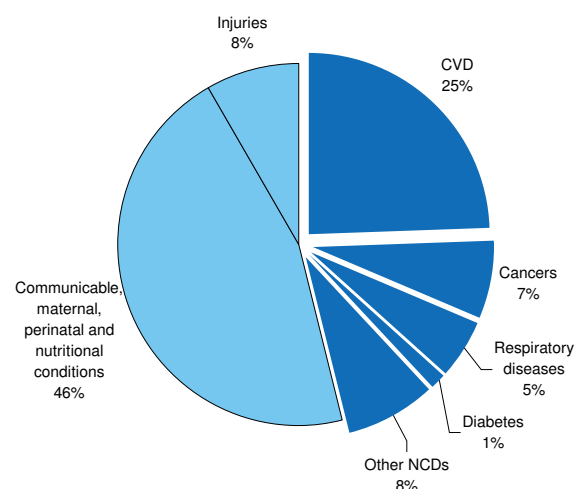
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	25.4	3.8	15.0
Physical inactivity	30.6	46.6	38.4

## Metabolic risk factors

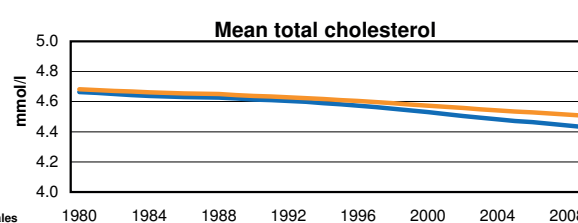
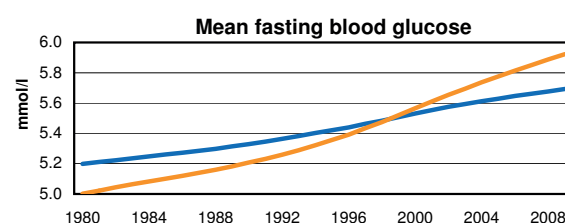
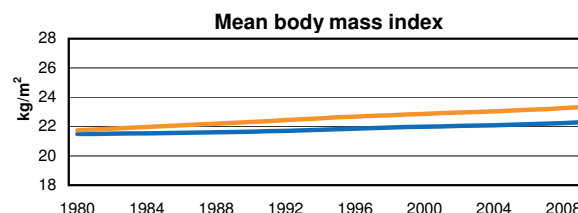
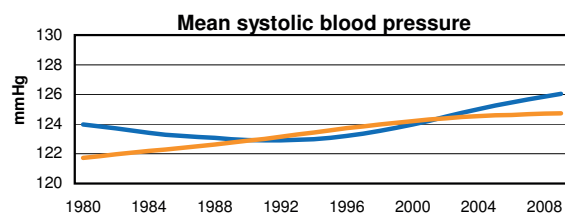
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	36.1	34.5	35.3
Raised blood glucose	10.6	12.9	11.7
Overweight	19.1	27.1	23.0
Obesity	3.3	7.8	5.5
Raised cholesterol	29.9	30.4	30.1

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 46% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	No	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

World Health Organization - NCD Country Profiles, 2011.

# Palau

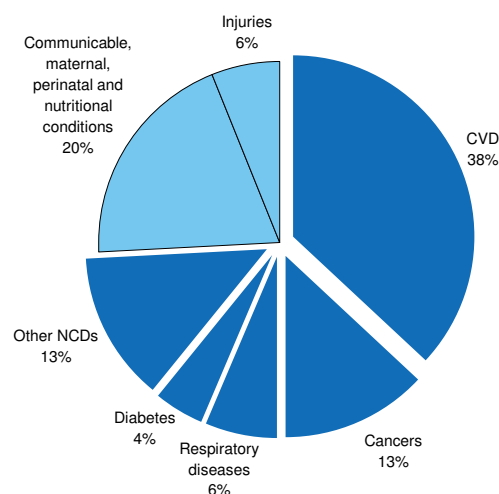
2010 total population: 20 472  
Income group: Upper middle

NCD mortality*			
<i>2008 estimates</i>			
Total NCD deaths (000s)	males	females	
	0.0	0.0	
NCD deaths under age 60 (percent of all NCD deaths)	43.6	38.1	
<i>Age-standardized death rate per 100 000</i>			
All NCDs	777.3	413.7	
Cancers	91.4	105.3	
Chronic respiratory diseases	78.7	27.9	
Cardiovascular diseases and diabetes	469.6	214.8	

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	33.0	7.1	19.7
Physical inactivity	...	...	...

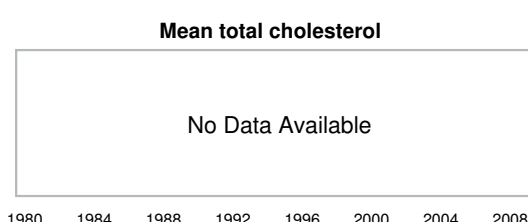
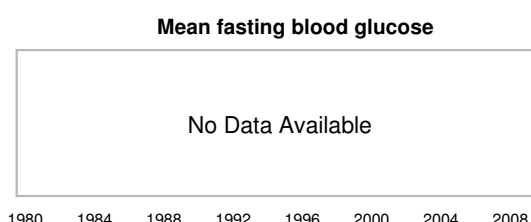
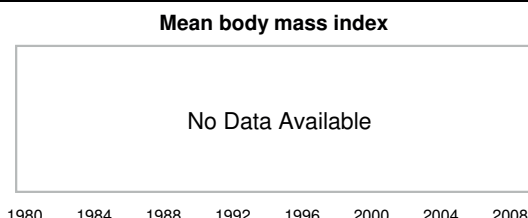
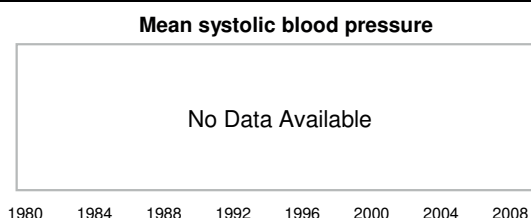
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 74% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes**
		Alcohol	Yes**
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	Yes**
NCD cause-specific mortality	Yes	Physical inactivity	Yes**
NCD morbidity	No	Tobacco	Yes**
NCD risk factors	No		
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

\*\* = covered by integrated policy/programme/action plan





# Panama

2010 total population: 3 516 820

Income group: Upper middle

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	6.1	5.0
NCD deaths under age 60 (percent of all NCD deaths)	27.3	26.5
Age-standardized death rate per 100 000		
All NCDs	433.5	323.9
Cancers	111.5	97.6
Chronic respiratory diseases	29.2	20.6
Cardiovascular diseases and diabetes	201.9	144.9

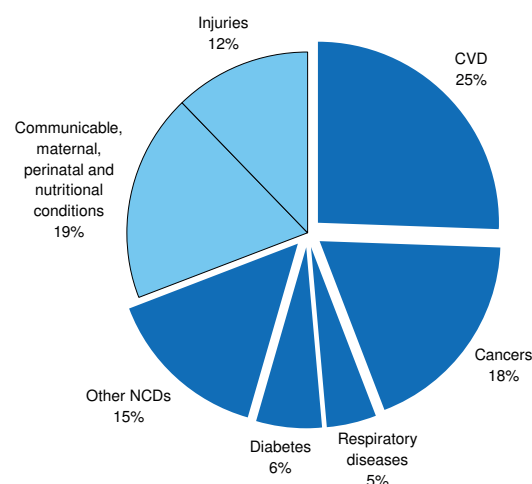
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	...	...	...
Physical inactivity	...	...	...

## Metabolic risk factors

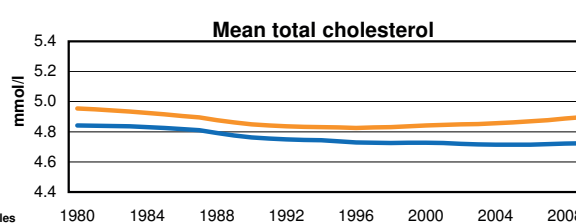
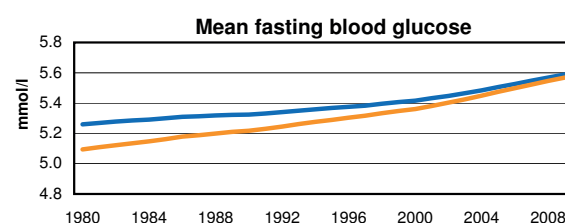
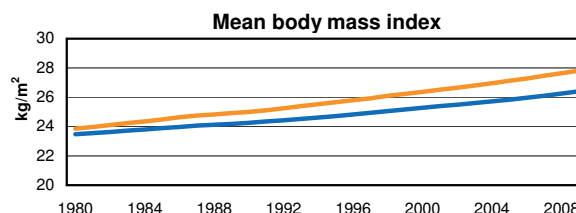
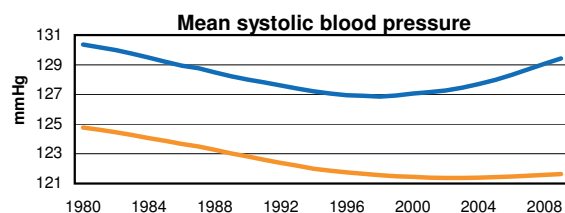
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	...	...	...
Raised blood glucose	...	...	...
Overweight	57.8	63.5	60.6
Obesity	19.2	31.5	25.4
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 69% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	No	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	NR	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	NR	Physical inactivity	No
NCD risk factors	NR	Tobacco	No
Has a national, population-based cancer registry	NR	Number of tobacco (m)POWER measures implemented at the highest level of achievement	3/5

... = no data available

NR = Country replied to survey but did not give a response to specific question

# Papua New Guinea

2010 total population: 6 858 266

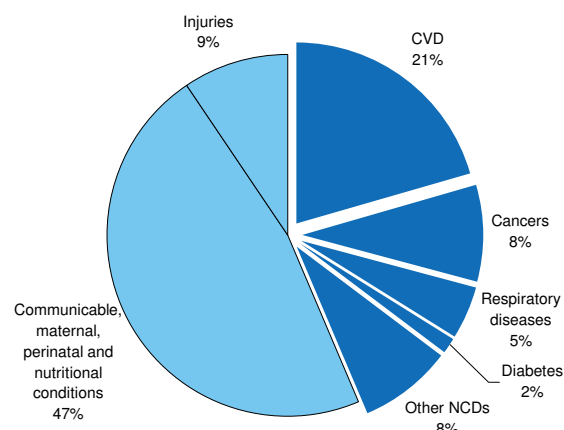
Income group: Lower middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	11.1	9.1
NCD deaths under age 60	49.1	48.4
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	836.9	664.7
Cancers	151.8	106.9
Chronic respiratory diseases	99.9	74.1
Cardiovascular diseases and diabetes	459.8	395.4

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	56.9	24.8	40.9
Physical inactivity	14.1	18.1	16.1

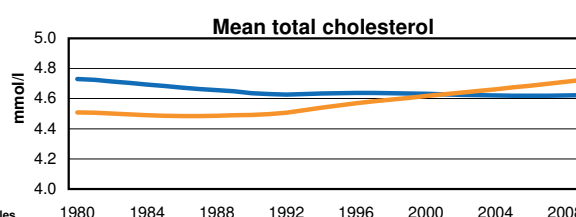
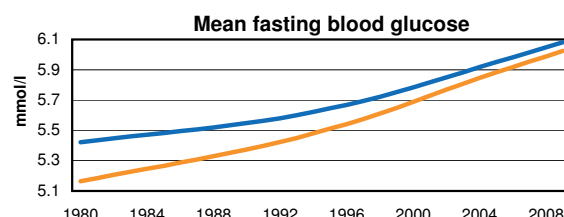
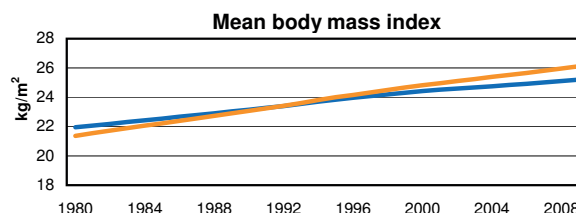
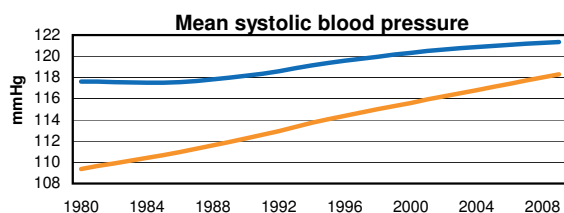
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	29.4	24.6	27.0
Raised blood glucose	13.4	13.2	13.3
Overweight	45.3	51.2	48.3
Obesity	11.7	20.6	16.2
Raised cholesterol	36.1	37.5	36.8

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 44% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	DK	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

\*\* = covered by integrated policy/programme/action plan  
DK = Country responded "don't know"



# Paraguay

2010 total population: 6 454 548

Income group: Lower middle

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	10.5	9.2
NCD deaths under age 60 (percent of all NCD deaths)	28.8	26.9
Age-standardized death rate per 100 000		
All NCDs	517.0	395.3
Cancers	133.3	98.1
Chronic respiratory diseases	24.2	10.1
Cardiovascular diseases and diabetes	269.3	227.9

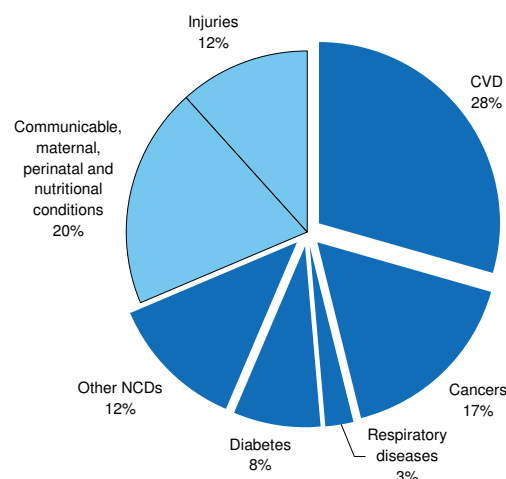
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	21.6	6.8	14.3
Physical inactivity	39.5	41.0	40.3

## Metabolic risk factors

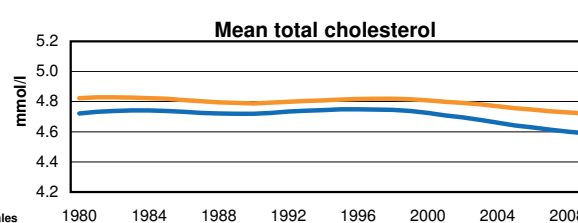
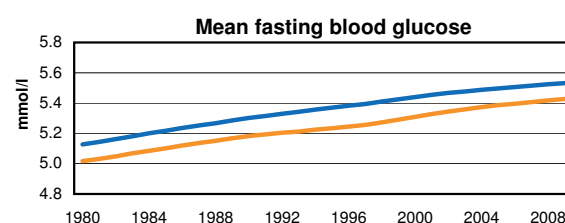
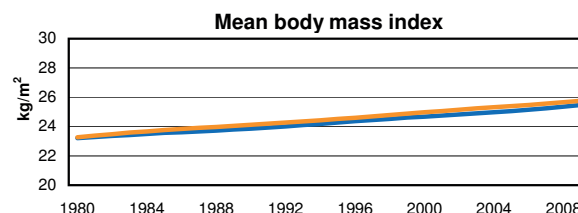
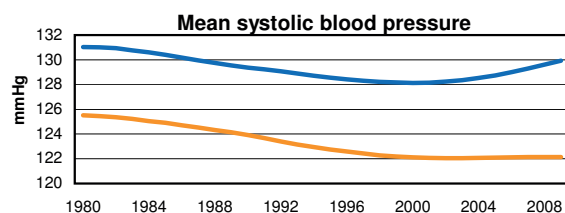
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	...	...	...
Raised blood glucose	9.8	9.4	9.6
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 69% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

\*\* = covered by integrated policy/programme/action plan

# Peru

2010 total population: 29 076 512

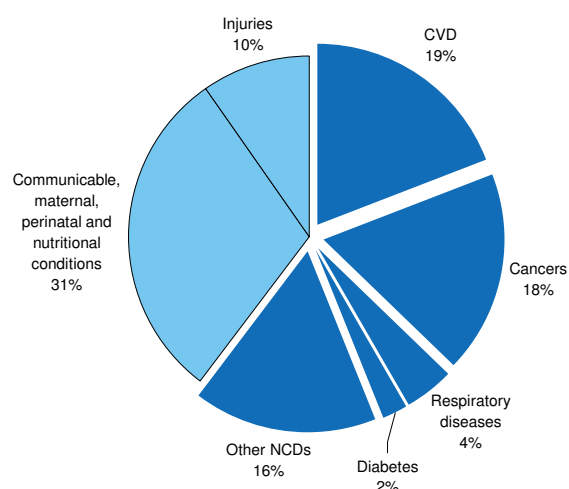
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	41.4	41.2
NCD deaths under age 60 (percent of all NCD deaths)	27.7	28.3
<i>Age-standardized death rate per 100 000</i>		
All NCDs	407.6	338.8
Cancers	109.5	118.9
Chronic respiratory diseases	32.7	20.3
Cardiovascular diseases and diabetes	148.2	120.8

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
Physical inactivity	...	...	...

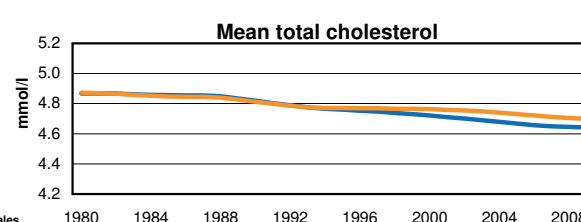
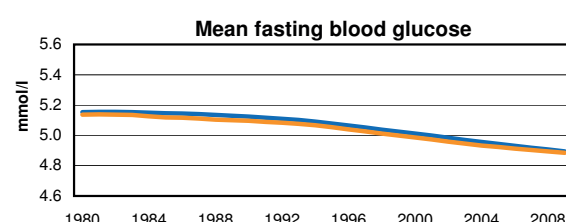
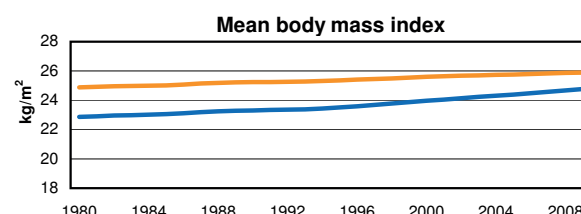
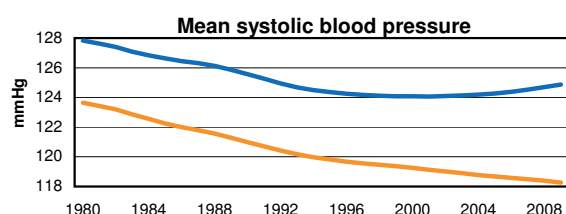
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
Raised blood glucose	35.3	28.3	31.7
Overweight	5.3	5.7	5.5
Obesity	41.8	50.7	46.3
Raised cholesterol	10.5	20.7	15.7
	36.7	37.7	37.2

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 60% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
<i>National health reporting system includes:</i>		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	No	Physical inactivity	No
NCD risk factors	Yes	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	2/5

... = no data available



# Philippines

2010 total population: 93 260 798

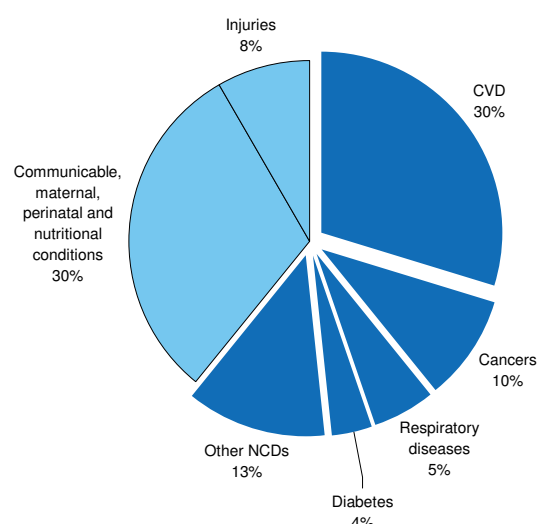
Income group: Lower middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	175.7	133.9
NCD deaths under age 60	44.4	35.6
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	711.6	482.8
Cancers	98.6	74.6
Chronic respiratory diseases	80.7	32.5
Cardiovascular diseases and diabetes	394.8	295.3

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	34.7	7.7	21.2
Physical inactivity	20.0	25.7	22.9

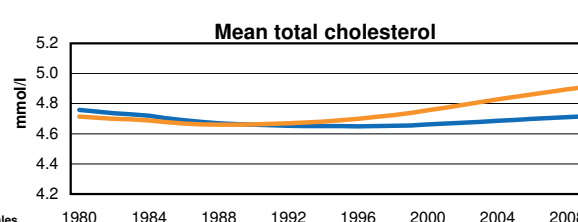
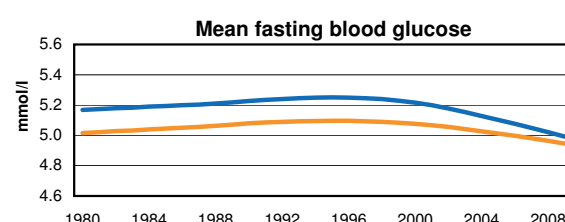
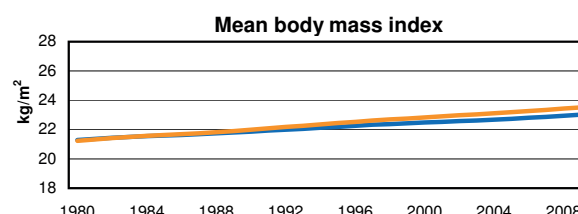
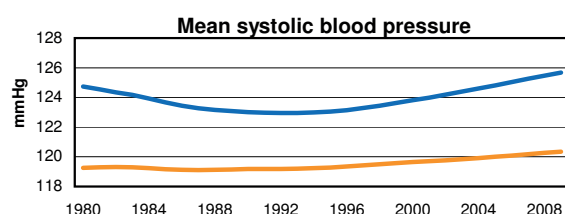
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	35.4	30.0	32.7
Raised blood glucose	5.7	5.9	5.8
Overweight	24.6	28.4	26.5
Obesity	4.6	8.0	6.3
Raised cholesterol	39.0	44.5	41.8

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 61% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
		Alcohol	Yes**
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	Yes**
NCD cause-specific mortality	Yes	Physical inactivity	Yes**
NCD morbidity	Yes	Tobacco	Yes**
NCD risk factors	Yes		
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\*\* = covered by integrated policy/programme/action plan

# Poland

2010 total population: 38 276 660

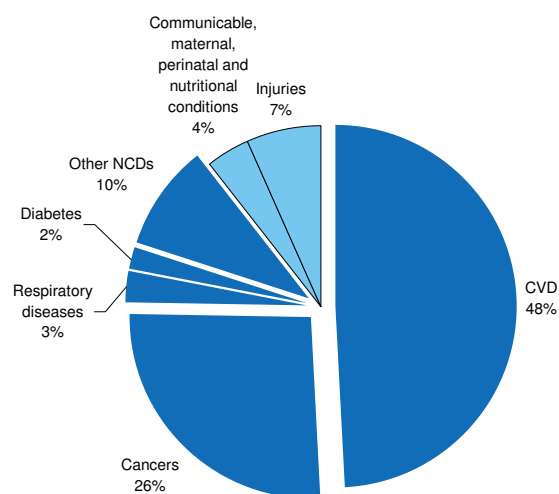
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	176.3	164.5
NCD deaths under age 60 (percent of all NCD deaths)	26.5	12.4
<i>Age-standardized death rate per 100 000</i>		
All NCDs	713.6	377.8
Cancers	229.2	120.9
Chronic respiratory diseases	28.9	8.4
Cardiovascular diseases and diabetes	366.4	204.5

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	33.2	23.2	28.0
Physical inactivity	24.0	32.5	28.5

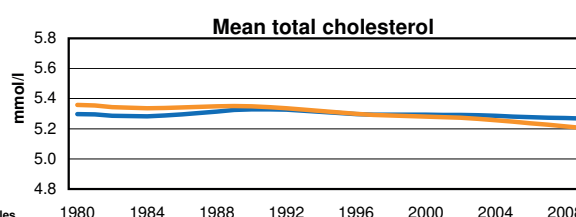
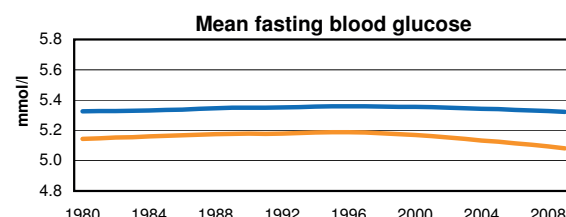
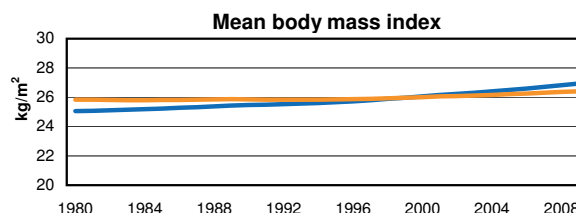
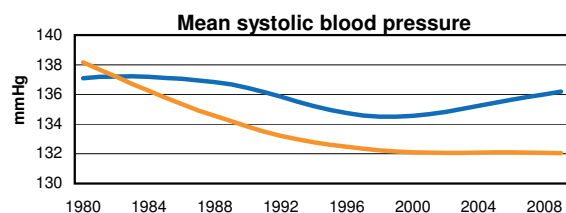
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	51.2	49.5	50.3
Raised blood glucose	8.7	8.5	8.6
Overweight	62.8	54.7	58.6
Obesity	23.8	26.7	25.3
Raised cholesterol	60.4	56.8	58.5

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 89% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	No	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>
<i>There is funding available for:</i>		
NCD treatment and control	Yes	
NCD prevention and health promotion	Yes	
NCD surveillance, monitoring and evaluation	Yes	
<i>National health reporting system includes:</i>		
NCD cause-specific mortality	Yes	
NCD morbidity	Yes	
NCD risk factors	Yes	
Has a national, population-based cancer registry	Yes	
		Cardiovascular diseases <b>Yes**</b> Cancer <b>Yes**</b> Chronic respiratory diseases <b>DK</b> Diabetes <b>Yes**</b> Alcohol <b>Yes**</b> Unhealthy diet / Overweight / Obesity <b>Yes**</b> Physical inactivity <b>Yes**</b> Tobacco <b>Yes**</b> Number of tobacco (m)POWER measures implemented at the highest level of achievement <b>1/5</b>

\*\* = covered by integrated policy/programme/action plan  
DK = Country responded "don't know"



# Portugal

2010 total population: 10 675 572

Income group: High

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	45.4	43.4
NCD deaths under age 60 (percent of all NCD deaths)	15.7	8.1
Age-standardized death rate per 100 000		
All NCDs	483.4	276.4
Cancers	182.1	89.3
Chronic respiratory diseases	34.8	15.1
Cardiovascular diseases and diabetes	184.5	125.3

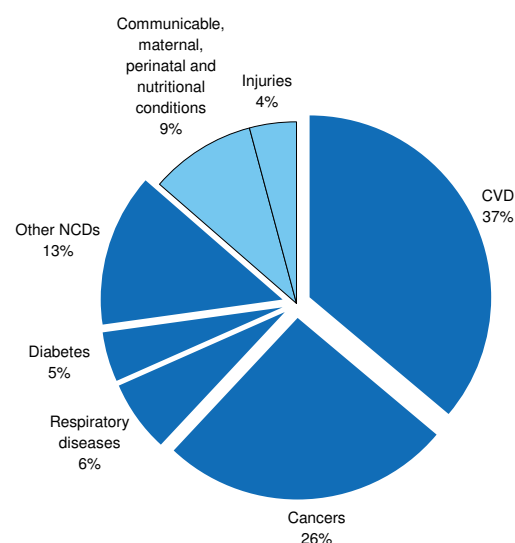
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	27.0	10.7	18.5
Physical inactivity	50.0	57.5	53.9

## Metabolic risk factors

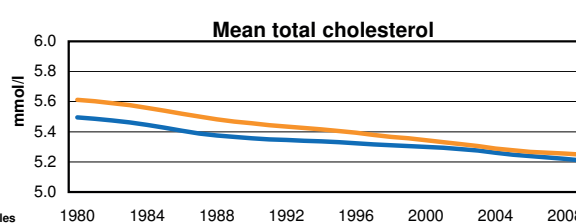
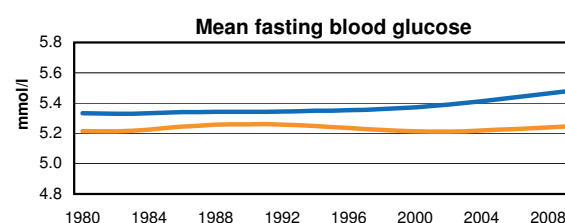
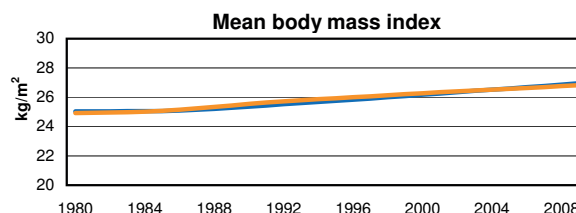
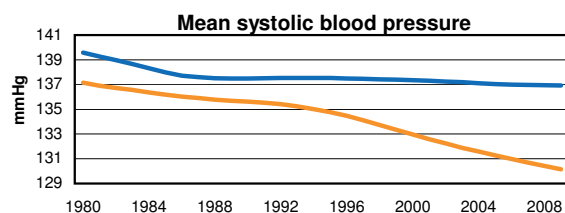
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	50.4	45.7	47.9
Raised blood glucose	8.3	7.5	7.9
Overweight	61.8	56.6	59.1
Obesity	21.6	26.3	24.0
Raised cholesterol	58.0	58.2	58.1

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 86% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	NR	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	NR
NCD surveillance, monitoring and evaluation	Yes	Diabetes	NR
National health reporting system includes:		Alcohol	NR
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	NR	Physical inactivity	NR
NCD risk factors	NR	Tobacco	NR
Has a national, population-based cancer registry	NR	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

NR = Country replied to survey but did not give a response to specific question

# Qatar

2010 total population: 1 758 793

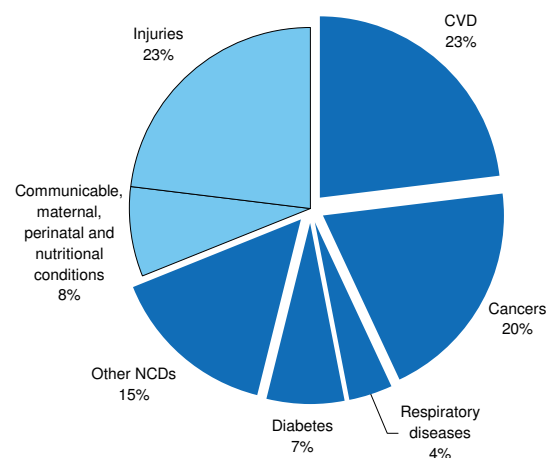
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.9	0.4
NCD deaths under age 60 (percent of all NCD deaths)	60.8	34.4
<i>Age-standardized death rate per 100 000</i>		
All NCDs	367.5	433.7
Cancers	101.1	84.3
Chronic respiratory diseases	26.2	30.6
Cardiovascular diseases and diabetes	179.8	239.3

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	...	...	...
Physical inactivity	...	...	...

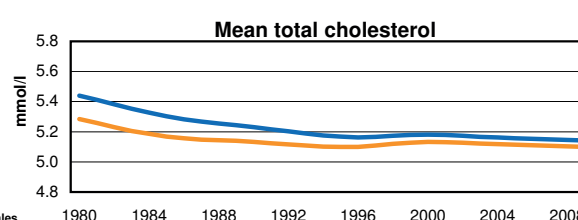
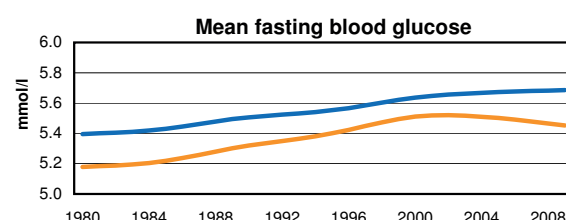
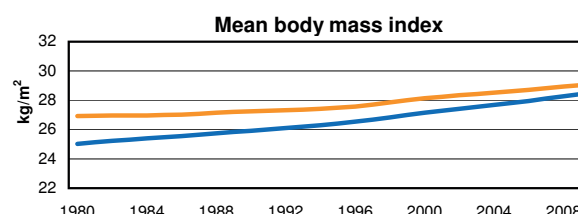
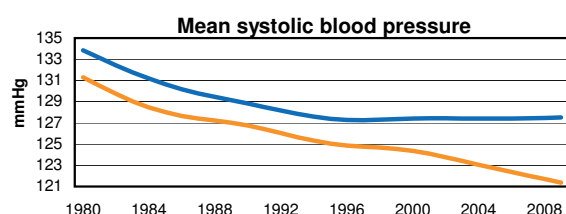
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	36.1	27.6	33.8
Raised blood glucose	9.9	8.3	9.5
Overweight	73.1	70.2	72.3
Obesity	31.3	38.1	33.2
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 69% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
		Alcohol	No
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	Yes
NCD cause-specific mortality	Yes	Physical inactivity	Yes
NCD morbidity	DK	Tobacco	Yes
NCD risk factors	DK		
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available  
DK = Country responded "don't know"





# Republic of Korea

2010 total population: 48 183 584

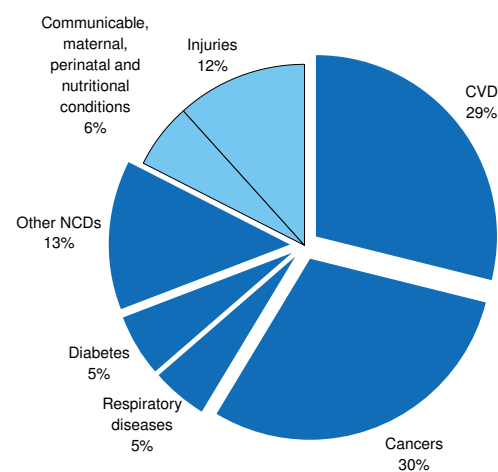
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	112.3	96.7
NCD deaths under age 60 (percent of all NCD deaths)	24.2	12.5
<i>Age-standardized death rate per 100 000</i>		
All NCDs	465.0	246.8
Cancers	190.5	77.1
Chronic respiratory diseases	36.1	12.1
Cardiovascular diseases and diabetes	167.9	115.2

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	50.4	4.9	27.2
Physical inactivity	...	...	...

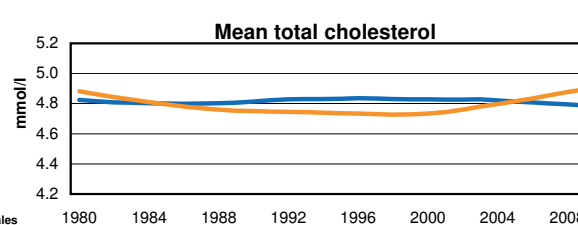
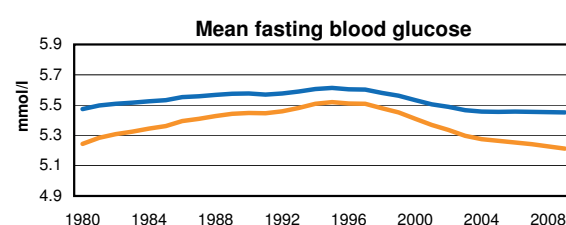
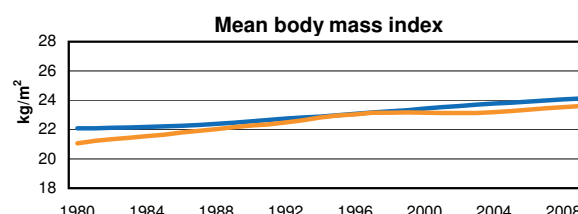
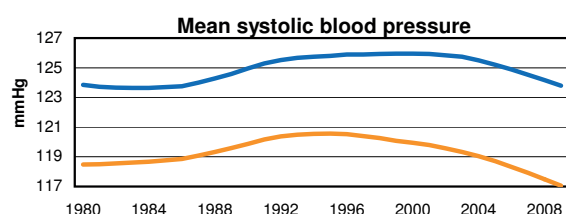
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	33.3	28.0	30.6
Raised blood glucose	6.8	5.7	6.3
Overweight	34.3	29.2	31.8
Obesity	7.2	8.3	7.7
Raised cholesterol	42.2	44.1	43.2

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 82% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available

\*\* = covered by integrated policy/programme/action plan

# Republic of Moldova

2010 total population: 3 572 885

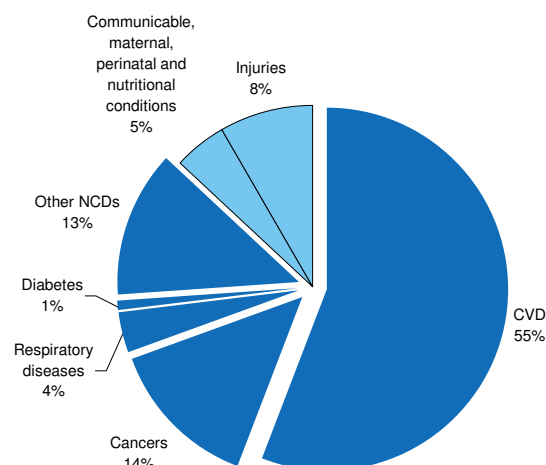
Income group: Lower middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	19.0	20.3
NCD deaths under age 60 (percent of all NCD deaths)	31.7	17.0
<i>Age-standardized death rate per 100 000</i>		
All NCDs	1005.9	671.6
Cancers	171.0	98.4
Chronic respiratory diseases	54.9	18.9
Cardiovascular diseases and diabetes	614.0	445.4

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	37.0	3.4	19.1
Physical inactivity	...	...	...

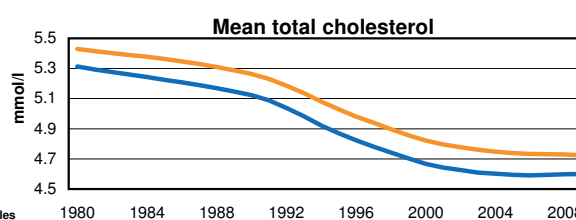
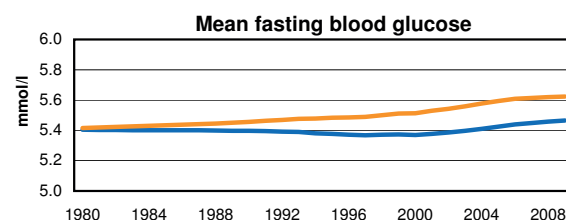
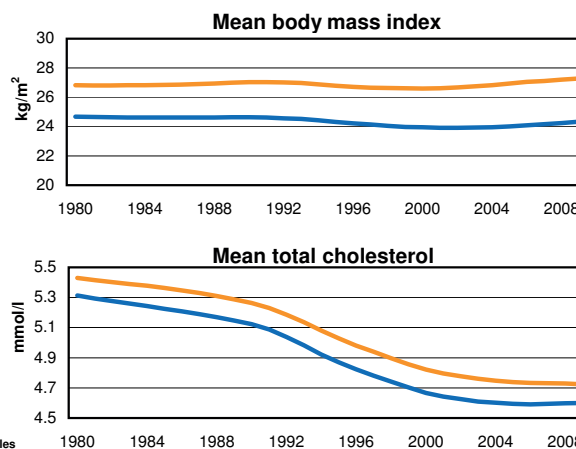
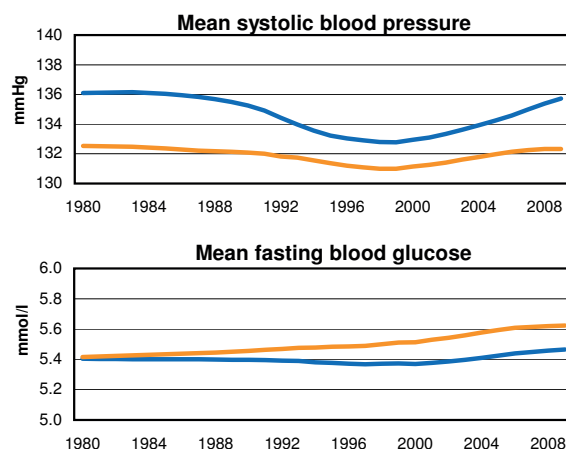
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	38.4	60.1	50.0
Obesity	9.9	31.0	21.2
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 87% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes
National health reporting system includes:		Alcohol	Yes
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available



# Romania

2010 total population: 21 486 371

Income group: Upper middle

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	117.3	109.2
NCD deaths under age 60 (percent of all NCD deaths)	22.5	11.4
Age-standardized death rate per 100 000		
All NCDs	788.7	483.0
Cancers	188.9	100.1
Chronic respiratory diseases	30.1	10.2
Cardiovascular diseases and diabetes	476.9	322.5

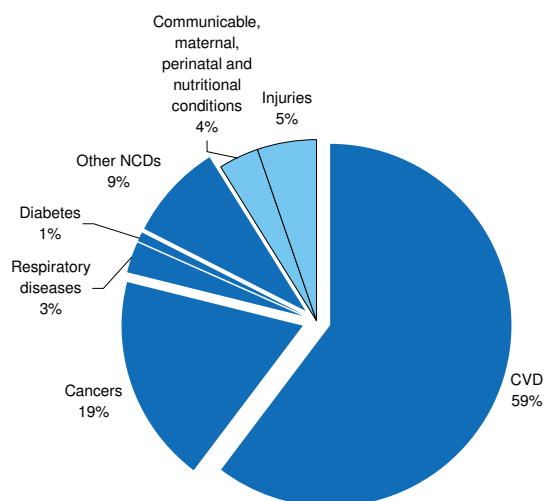
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	38.6	17.7	27.8
Physical inactivity	31.2	47.9	39.9

## Metabolic risk factors

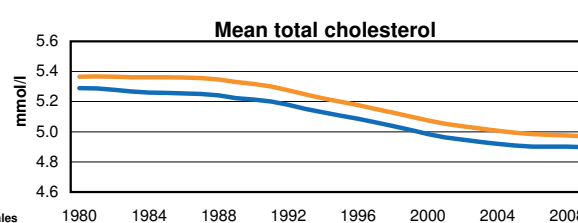
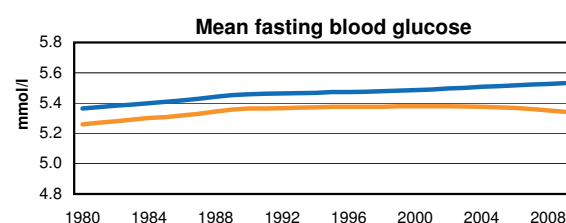
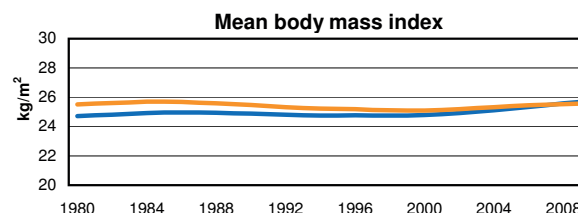
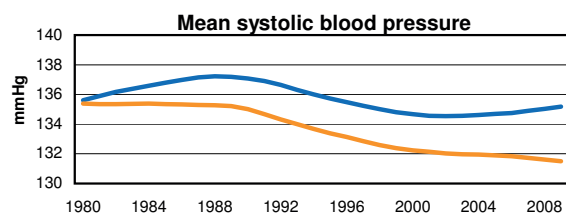
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	49.5	48.8	49.1
Raised blood glucose	...	...	...
Overweight	53.1	49.1	51.0
Obesity	16.9	21.2	19.1
Raised cholesterol	46.2	47.9	47.1

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 91% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	No	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes
National health reporting system includes:		Alcohol	Yes
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	2/5

... = no data available

# Russian Federation

2010 total population: 142 958 164

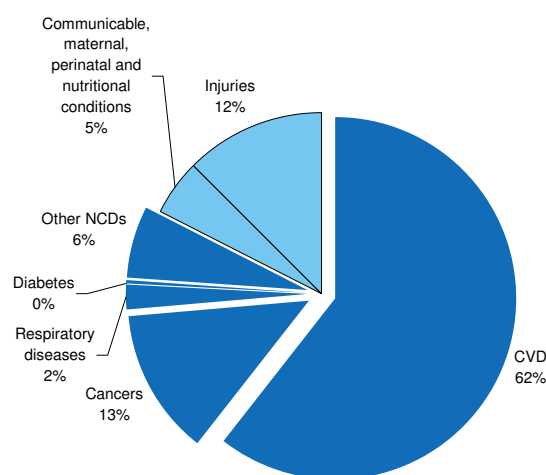
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	827.9	890.4
NCD deaths under age 60	33.5	13.1
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	1108.6	561.8
Cancers	193.7	89.5
Chronic respiratory diseases	40.9	8.8
Cardiovascular diseases and diabetes	771.7	414.3

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	65.5	19.7	40.5
Physical inactivity	22.9	22.4	22.6

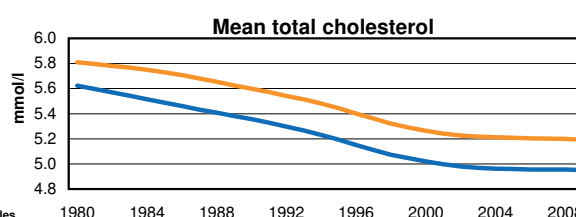
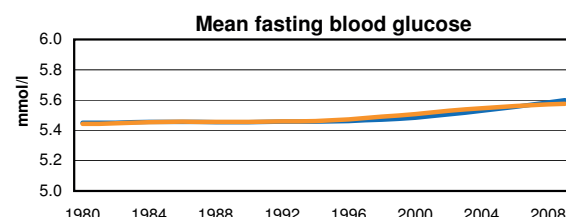
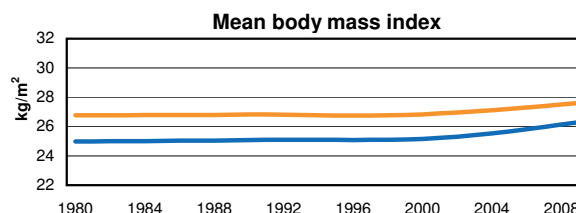
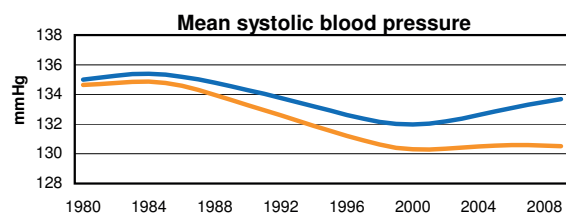
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	46.6	48.4	47.6
Raised blood glucose	...	...	...
Overweight	56.2	62.8	59.8
Obesity	18.6	32.9	26.5
Raised cholesterol	47.8	56.4	52.6

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 82% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>
<i>There is funding available for:</i>		
NCD treatment and control	Yes	
NCD prevention and health promotion	Yes	
NCD surveillance, monitoring and evaluation	Yes	
<i>National health reporting system includes:</i>		
NCD cause-specific mortality	Yes	
NCD morbidity	Yes	
NCD risk factors	No	
Has a national, population-based cancer registry	No	
		Cardiovascular diseases <b>Yes**</b> Cancer <b>Yes**</b> Chronic respiratory diseases <b>Yes**</b> Diabetes <b>Yes**</b> Alcohol <b>Yes**</b> Unhealthy diet / Overweight / Obesity <b>Yes**</b> Physical inactivity <b>Yes**</b> Tobacco <b>Yes**</b> Number of tobacco (m)POWER measures implemented at the highest level of achievement <b>0/5</b>

... = no data available

\*\* = covered by integrated policy/programme/action plan



# Rwanda

2010 total population: 10 624 005

Income group: Low

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	12.4	15.8
NCD deaths under age 60 (percent of all NCD deaths)	45.8	39.7
Age-standardized death rate per 100 000		
All NCDs	781.2	706.2
Cancers	109.8	114.8
Chronic respiratory diseases	110.4	59.8
Cardiovascular diseases and diabetes	404.5	410.2

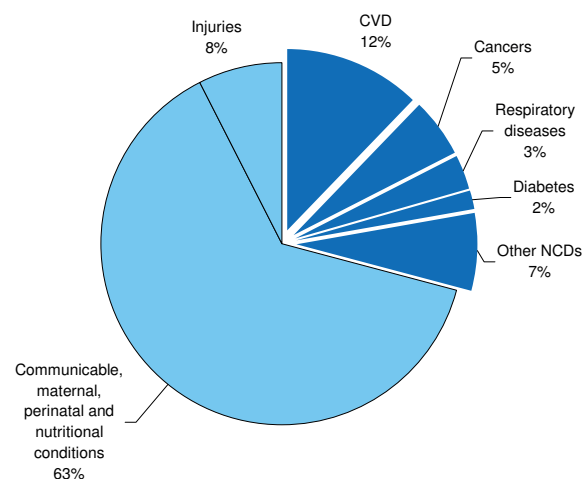
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	...	...	...
Physical inactivity	...	...	...

## Metabolic risk factors

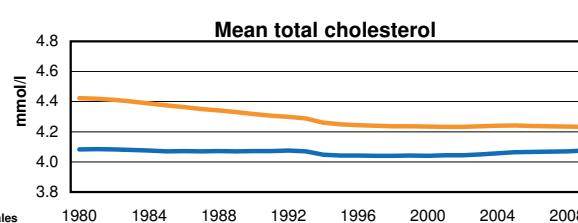
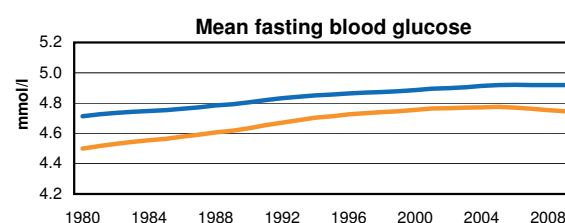
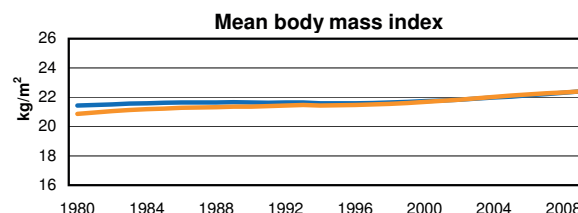
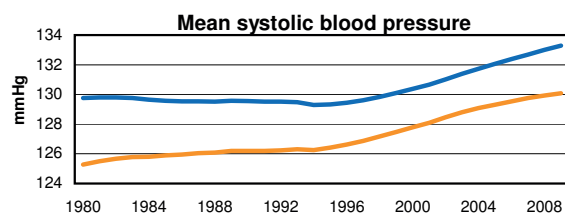
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	...	...	...
Raised blood glucose	...	...	...
Overweight	21.3	18.8	19.9
Obesity	4.2	4.4	4.3
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 29% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	No	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

# Saint Kitts and Nevis

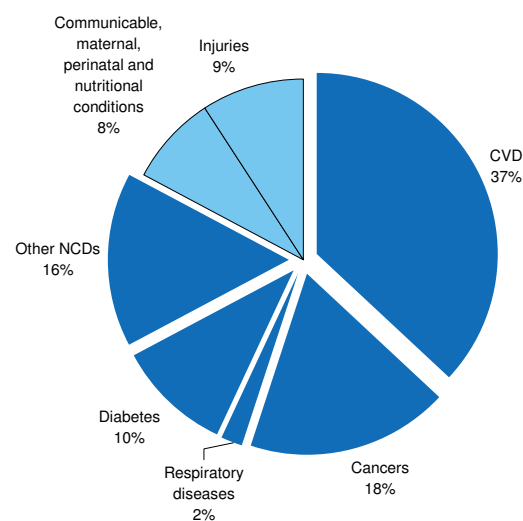
2010 total population: 52 402  
Income group: Upper middle

NCD mortality			
<i>2008 estimates</i>			
Total NCD deaths (000s)	males	females	
	0.2	0.2	
NCD deaths under age 60 (percent of all NCD deaths)	22.0	13.9	
<i>Age-standardized death rate per 100 000</i>			
All NCDs	620.9	552.5	
Cancers	160.5	123.2	
Chronic respiratory diseases	16.8	10.2	
Cardiovascular diseases and diabetes	307.0	331.3	

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	8.3	1.8	5.0
Physical inactivity	32.2	49.0	40.6

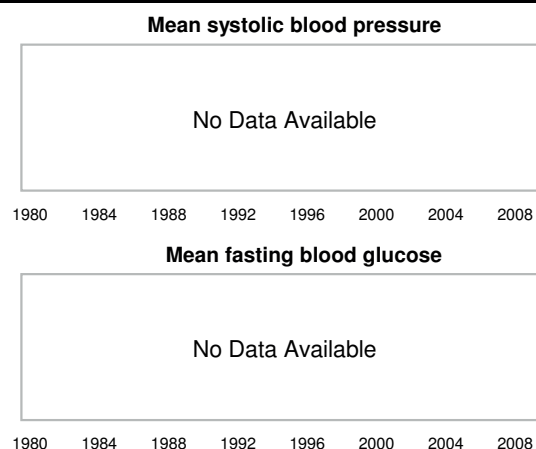
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	49.9	42.7	46.2
Raised blood glucose	...	...	...
Overweight	72.2	79.4	75.9
Obesity	31.7	49.2	40.7
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 83% of all deaths.

Metabolic risk factor trends



■ Males  
■ Females

Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available



# Saint Lucia

2010 total population: 174 267

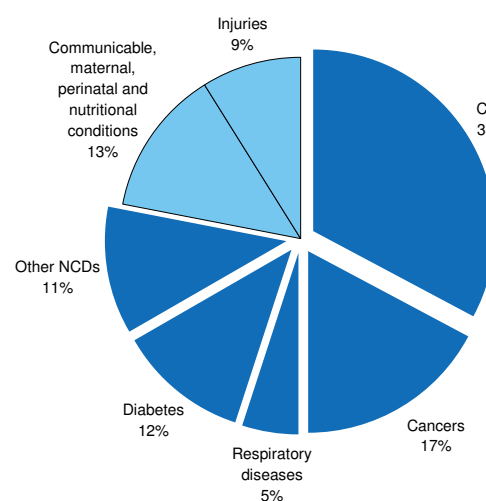
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.4	0.4
NCD deaths under age 60 (percent of all NCD deaths)	27.3	20.7
<i>Age-standardized death rate per 100 000</i>		
All NCDs	596.9	405.2
Cancers	155.3	83.9
Chronic respiratory diseases	46.9	16.7
Cardiovascular diseases and diabetes	311.9	245.8

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	25.8	9.4	17.4
Physical inactivity	...	...	...

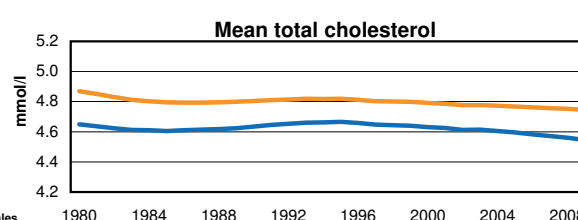
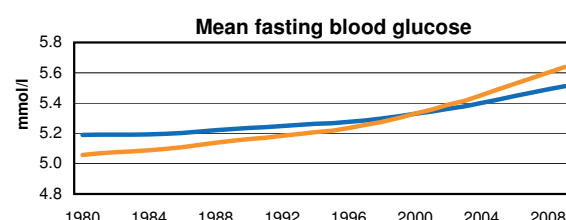
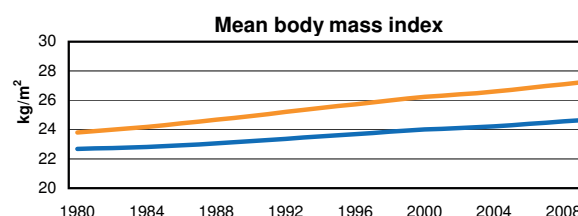
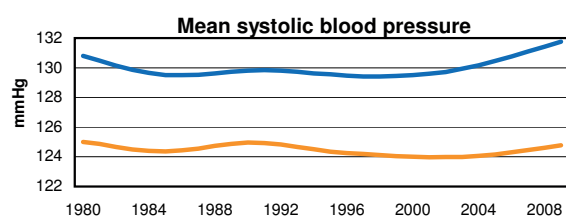
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	42.8	62.4	52.9
Obesity	11.4	30.8	21.4
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 78% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes**
<i>National health reporting system includes:</i>		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	No	Physical inactivity	Yes**
NCD risk factors	No	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

\*\* = covered by integrated policy/programme/action plan

# Saint Vincent and the Grenadines

2010 total population: 109 333

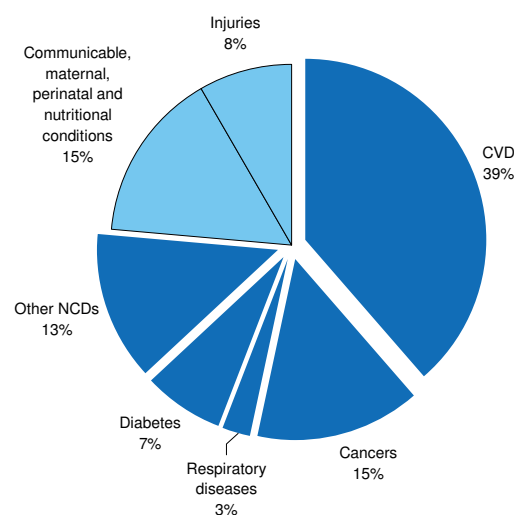
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.3	0.3
NCD deaths under age 60 (percent of all NCD deaths)	31.1	23.4
<i>Age-standardized death rate per 100 000</i>		
All NCDs	648.9	508.6
Cancers	134.6	100.3
Chronic respiratory diseases	30.5	10.5
Cardiovascular diseases and diabetes	354.7	323.6

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	16.0	4.8	10.5
Physical inactivity	...	...	...

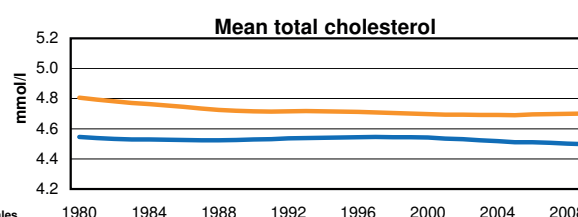
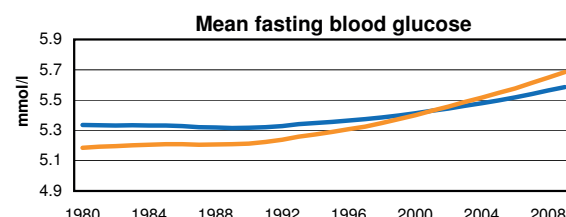
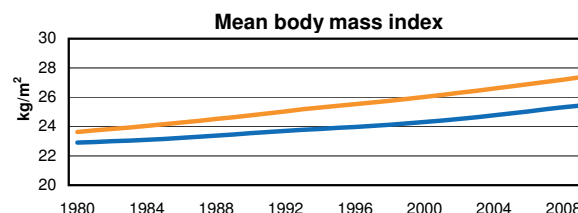
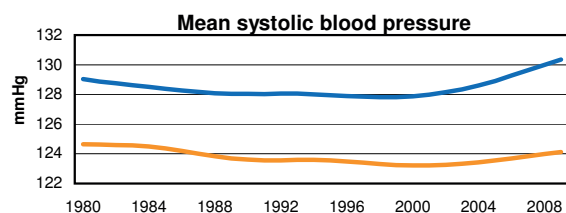
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 76% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	ND	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	ND
NCD treatment and control	ND	Cancer	ND
NCD prevention and health promotion	ND	Chronic respiratory diseases	ND
NCD surveillance, monitoring and evaluation	ND	Diabetes	ND
National health reporting system includes:		Alcohol	ND
NCD cause-specific mortality	ND	Unhealthy diet / Overweight / Obesity	ND
NCD morbidity	ND	Physical inactivity	ND
NCD risk factors	ND	Tobacco	ND
Has a national, population-based cancer registry	ND	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

ND = Country did not respond to country capacity survey





# Samoa

2010 total population: 183 081

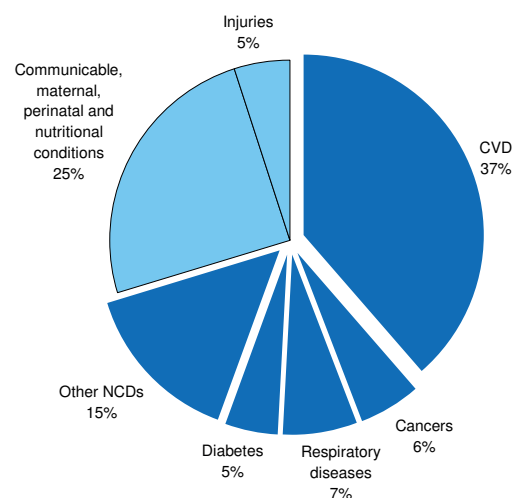
Income group: Lower middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.4	0.4
NCD deaths under age 60	36.1	27.7
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	772.1	583.2
Cancers	68.5	40.2
Chronic respiratory diseases	83.3	50.2
Cardiovascular diseases and diabetes	477.4	373.6

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	53.6	17.1	36.2
Physical inactivity	35.1	65.6	49.7

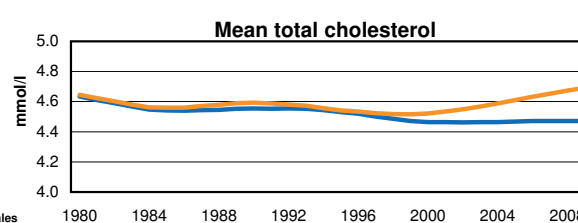
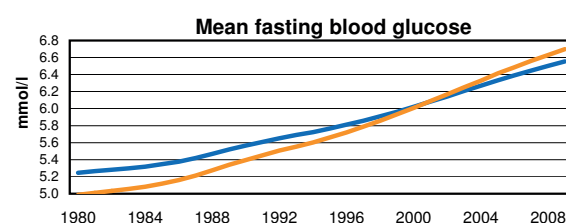
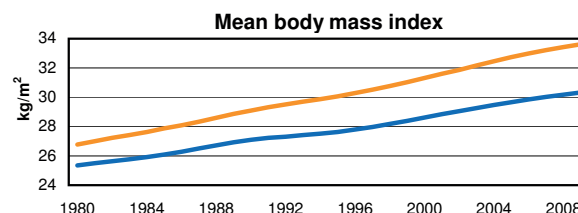
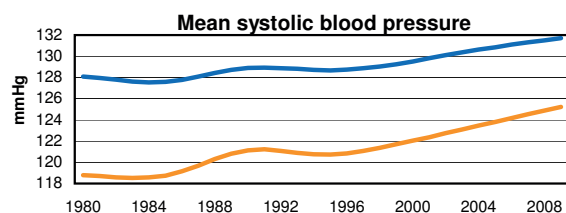
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	43.5	36.2	40.0
Raised blood glucose	19.7	22.5	21.1
Overweight	81.2	88.2	84.6
Obesity	43.6	65.5	54.1
Raised cholesterol	31.0	36.6	33.7

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 70% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	Yes
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

World Health Organization - NCD Country Profiles, 2011.

# San Marino

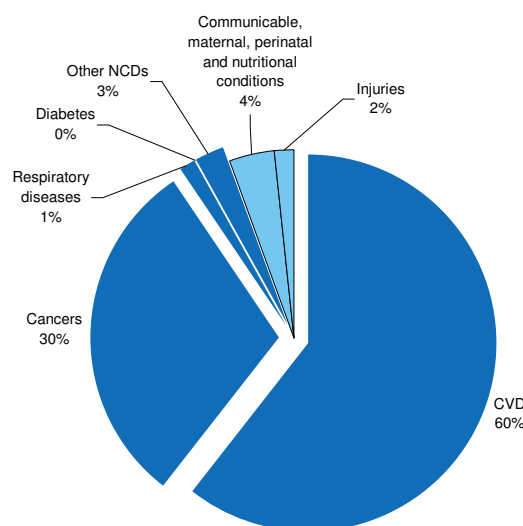
2010 total population: 31 534  
Income group: High

NCD mortality			
<i>2008 estimates</i>			
Total NCD deaths (000s)	males	females	
	0.1	0.2	
NCD deaths under age 60 (percent of all NCD deaths)	7.8	5.9	
<i>Age-standardized death rate per 100 000</i>			
All NCDs	308.5	247.7	
Cancers	162.5	69.7	
Chronic respiratory diseases	3.0	3.3	
Cardiovascular diseases and diabetes	135.7	168.9	

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	...	...	...
Physical inactivity	...	...	...

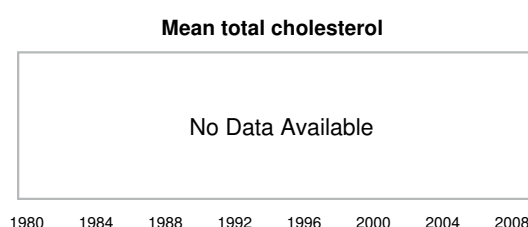
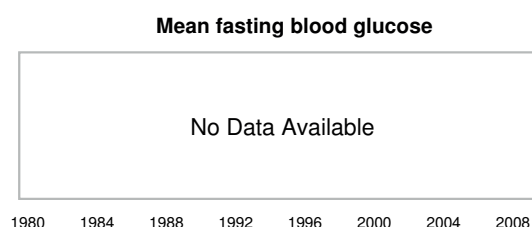
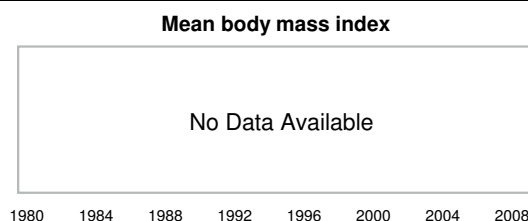
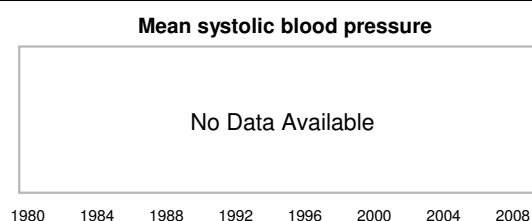
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 95% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
		Alcohol	Yes**
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	Yes**
NCD cause-specific mortality	Yes	Physical inactivity	Yes**
NCD morbidity	Yes	Tobacco	Yes**
NCD risk factors	No		
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

\*\* = covered by integrated policy/programme/action plan



# Sao Tome and Principe

2010 total population: 165 397

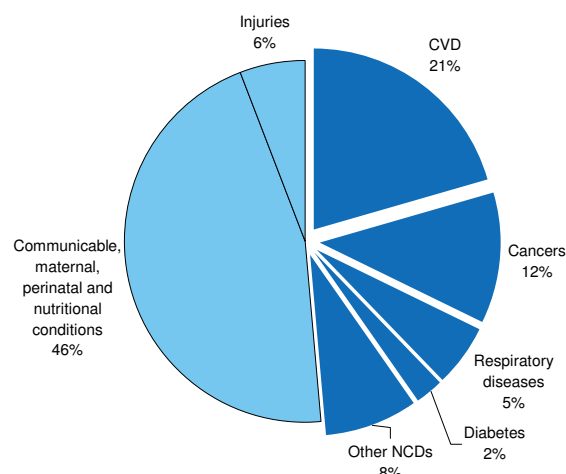
Income group: Lower middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.2	0.3
NCD deaths under age 60	28.2	23.8
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	649.2	553.4
Cancers	174.6	131.3
Chronic respiratory diseases	85.0	47.2
Cardiovascular diseases and diabetes	301.7	312.5

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	4.8	0.9	2.8
Physical inactivity	10.0	23.8	17.1

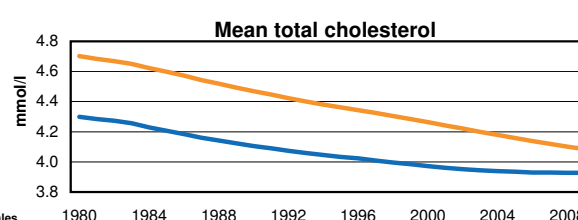
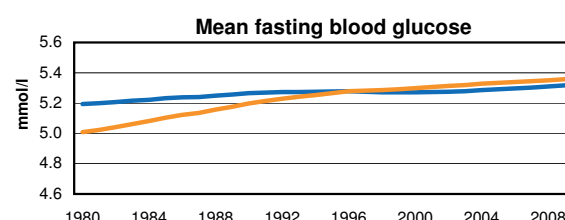
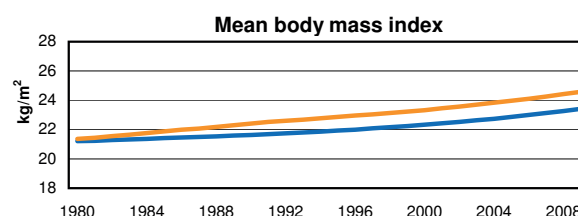
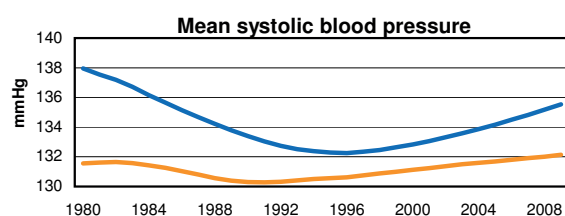
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	46.0	43.2	44.5
Raised blood glucose	...	...	...
Overweight	27.6	37.8	32.9
Obesity	5.5	13.2	9.5
Raised cholesterol	15.6	18.4	17.0

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 49% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	No	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

World Health Organization - NCD Country Profiles, 2011.

# Saudi Arabia

2010 total population: 27 448 086

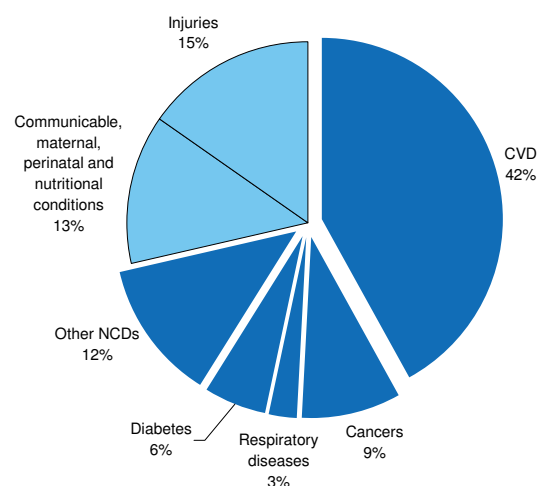
Income group: High

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	46.0	26.6
NCD deaths under age 60	44.6	34.5
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	753.1	510.0
Cancers	79.2	66.2
Chronic respiratory diseases	31.0	20.3
Cardiovascular diseases and diabetes	540.6	347.6

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	8.5	2.7	6.0
Physical inactivity	60.7	74.9	66.8

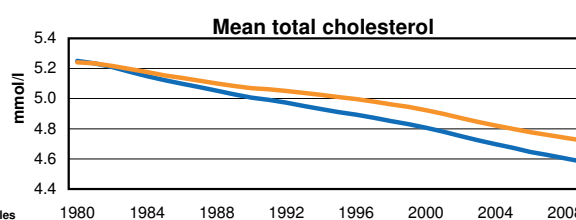
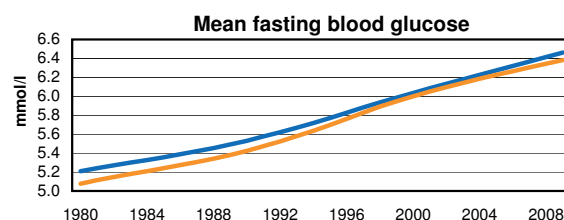
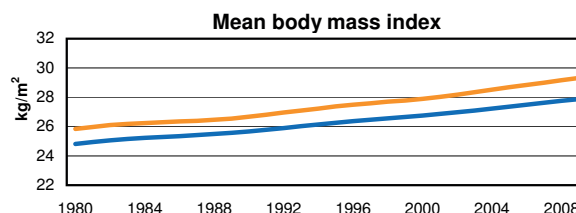
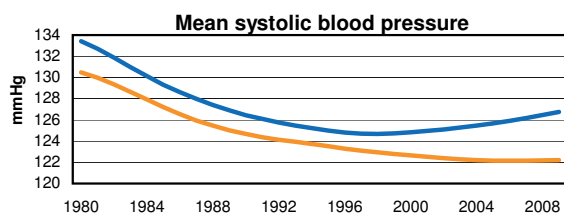
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	35.2	30.0	33.1
Raised blood glucose	18.1	17.7	17.9
Overweight	69.1	68.8	69.0
Obesity	28.6	39.1	33.0
Raised cholesterol	35.4	38.2	36.6

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 71% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	DK
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

\*\* = covered by integrated policy/programme/action plan  
DK = Country responded "don't know"



# Senegal

2010 total population: 12 433 728

Income group: Low

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	13.9	14.7
NCD deaths under age 60 (percent of all NCD deaths)	44.5	45.6
Age-standardized death rate per 100 000		
All NCDs	698.4	660.1
Cancers	105.2	101.3
Chronic respiratory diseases	97.7	56.5
Cardiovascular diseases and diabetes	357.1	387.7

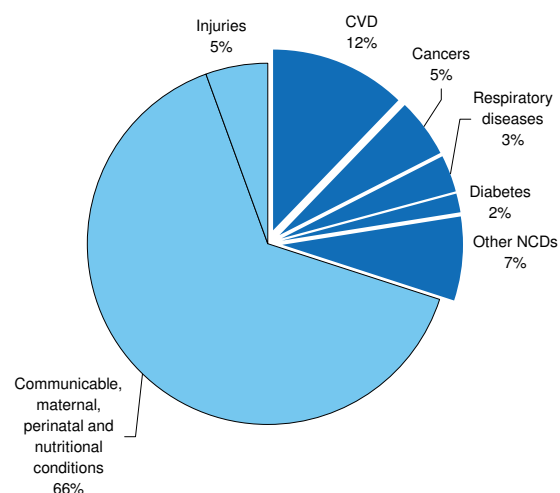
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	12.9	0.5	6.6
Physical inactivity	19.1	23.7	21.4

## Metabolic risk factors

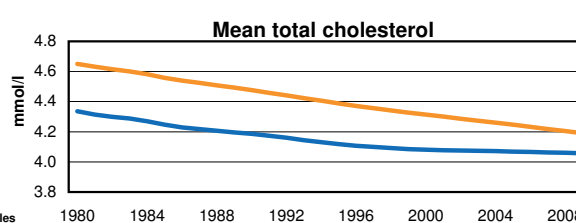
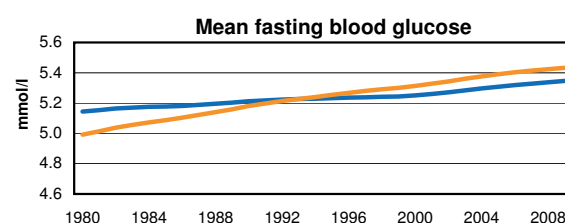
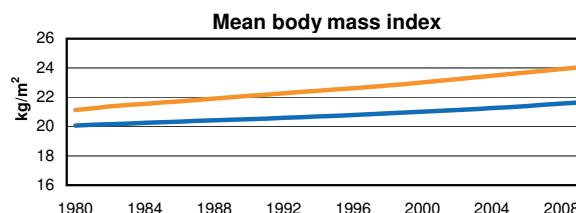
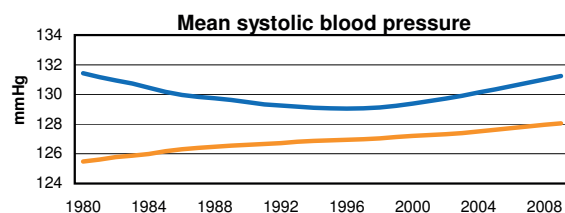
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	...	...	...
Raised blood glucose	...	...	...
Overweight	15.3	33.3	24.4
Obesity	2.6	10.8	6.8
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 30% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

World Health Organization - NCD Country Profiles, 2011.

# Serbia

2010 total population: 9 856 222

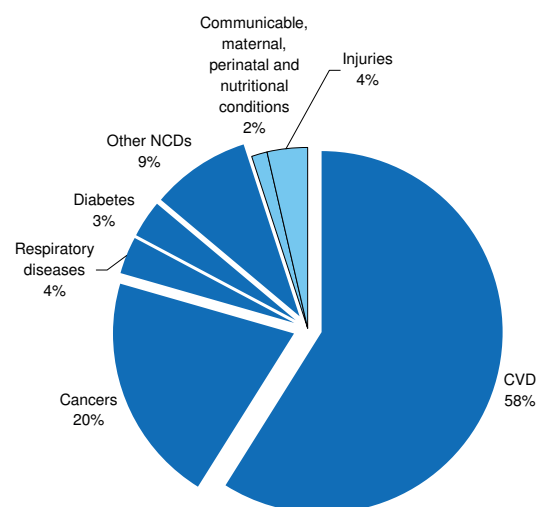
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	59.1	58.6
NCD deaths under age 60 (percent of all NCD deaths)	19.5	10.4
<i>Age-standardized death rate per 100 000</i>		
All NCDs	804.2	577.7
Cancers	211.2	129.1
Chronic respiratory diseases	36.6	15.6
Cardiovascular diseases and diabetes	463.5	380.8

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	33.1	21.9	27.4
Physical inactivity	65.3	76.3	70.9

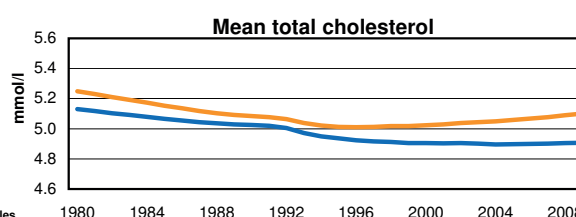
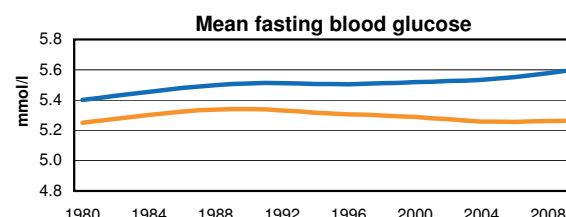
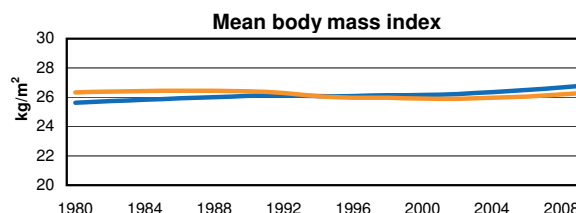
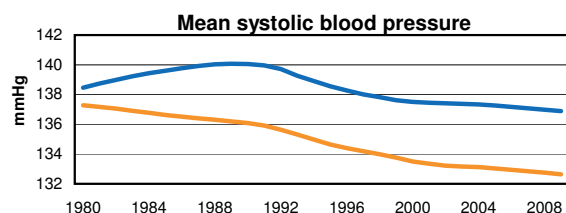
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	53.4	50.1	51.7
Raised blood glucose	...	...	...
Overweight	66.5	51.0	58.6
Obesity	26.3	23.3	24.8
Raised cholesterol	46.8	51.5	49.2

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 95% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available



# Seychelles

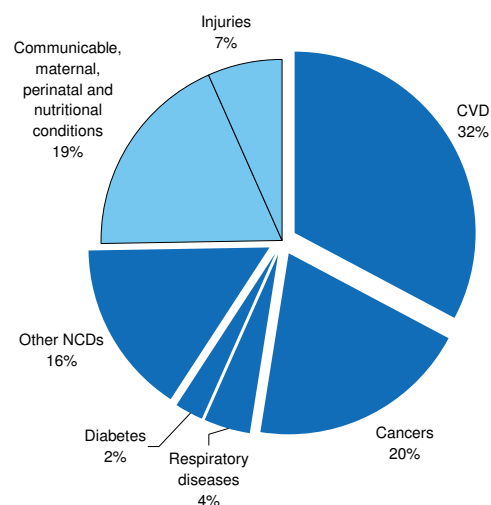
2010 total population: 86 518  
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.3	0.2
NCD deaths under age 60 (percent of all NCD deaths)	34.6	25.4
<i>Age-standardized death rate per 100 000</i>		
All NCDs	773.6	416.9
Cancers	226.6	95.7
Chronic respiratory diseases	53.2	20.6
Cardiovascular diseases and diabetes	322.7	229.6

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	21.3	3.7	12.4
Physical inactivity	23.9	22.9	23.4

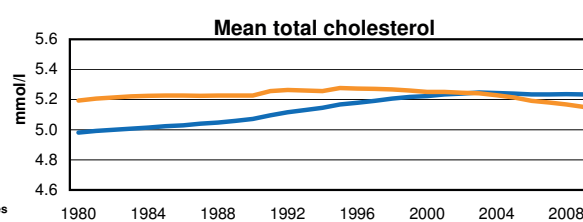
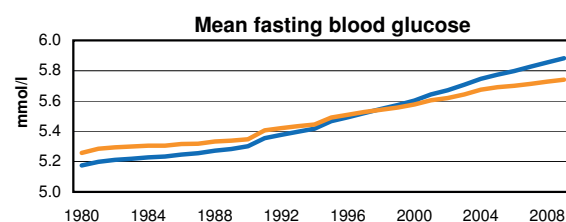
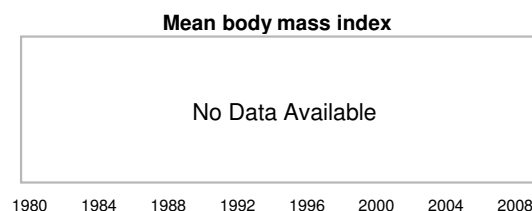
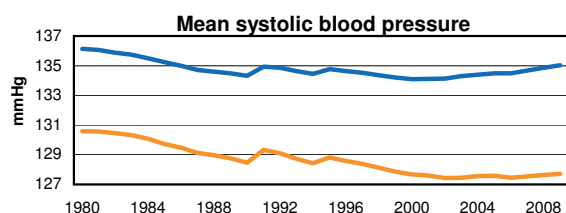
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	46.6	41.8	44.2
Raised blood glucose	12.4	13.4	12.9
Overweight	49.8	64.1	56.8
Obesity	14.6	33.7	23.9
Raised cholesterol	58.8	55.3	57.1

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 75% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	No
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

# Sierra Leone

2010 total population: 5 867 536

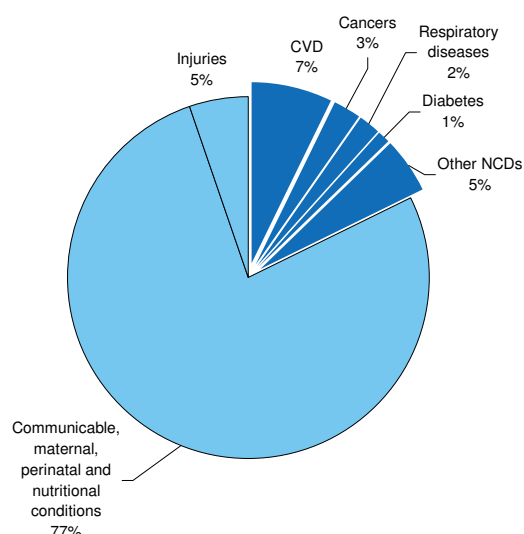
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	7.2	7.6
NCD deaths under age 60 (percent of all NCD deaths)	53.8	58.1
<i>Age-standardized death rate per 100 000</i>		
All NCDs	808.0	769.9
Cancers	101.1	100.8
Chronic respiratory diseases	117.1	69.5
Cardiovascular diseases and diabetes	421.0	458.6

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	38.0	9.5	23.1
Physical inactivity	12.1	19.8	16.1

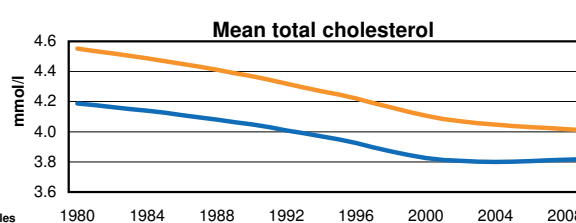
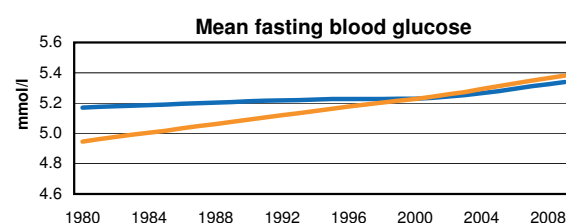
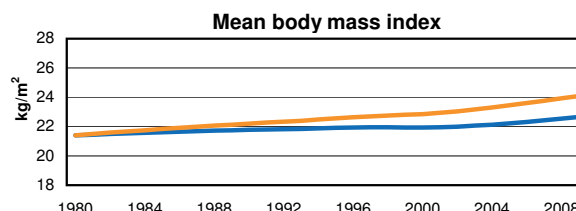
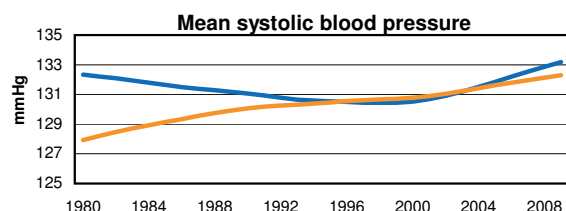
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	44.1	43.9	44.0
Raised blood glucose	...	...	...
Overweight	20.8	32.7	26.9
Obesity	3.6	9.8	6.8
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 18% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

World Health Organization - NCD Country Profiles, 2011.





# Singapore

2010 total population: 5 086 418

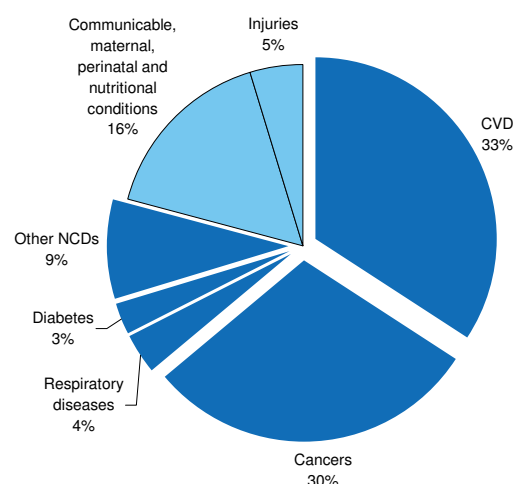
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	10.1	7.8
NCD deaths under age 60 (percent of all NCD deaths)	24.4	18.9
<i>Age-standardized death rate per 100 000</i>		
All NCDs	372.1	238.8
Cancers	141.6	90.9
Chronic respiratory diseases	22.6	7.2
Cardiovascular diseases and diabetes	171.2	108.9

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	25.1	4.0	14.5
Physical inactivity	...	...	...

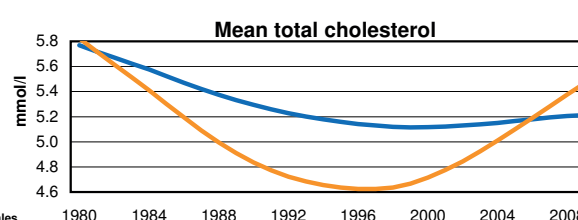
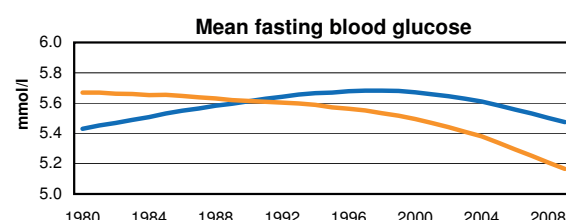
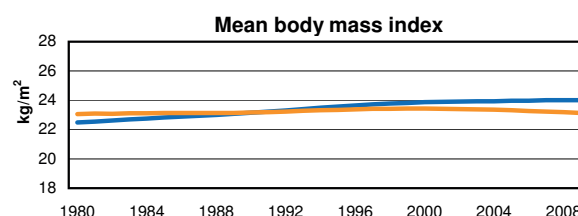
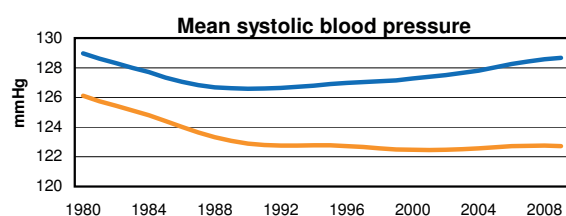
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	39.7	33.9	36.8
Raised blood glucose	8.0	5.9	6.9
Overweight	33.9	26.4	30.2
Obesity	7.0	7.1	7.1
Raised cholesterol	57.9	62.1	60.0

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 79% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
<i>National health reporting system includes:</i>		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	2/5

... = no data available

\*\* = covered by integrated policy/programme/action plan

# Slovakia

2010 total population: 5 462 119

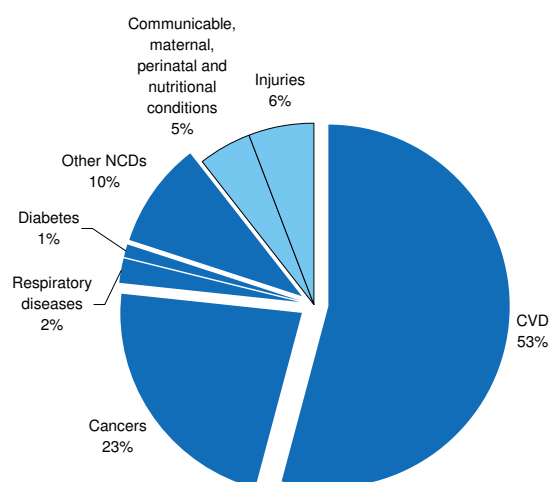
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	24.2	23.5
NCD deaths under age 60 (percent of all NCD deaths)	25.7	11.3
<i>Age-standardized death rate per 100 000</i>		
All NCDs	767.9	425.2
Cancers	218.9	110.3
Chronic respiratory diseases	22.3	7.6
Cardiovascular diseases and diabetes	430.8	259.4

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	34.2	14.4	23.9
Physical inactivity	23.1	22.0	22.5

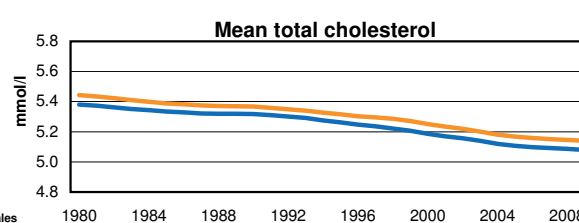
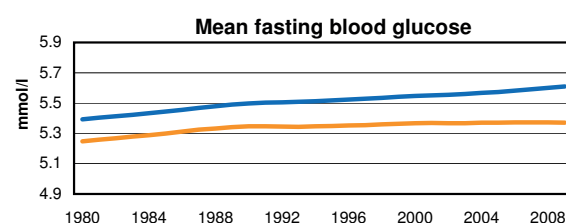
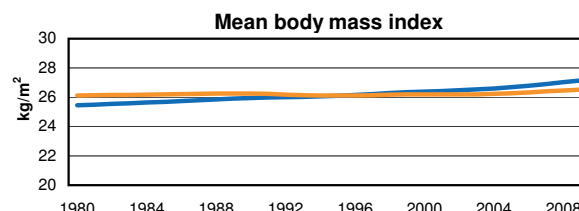
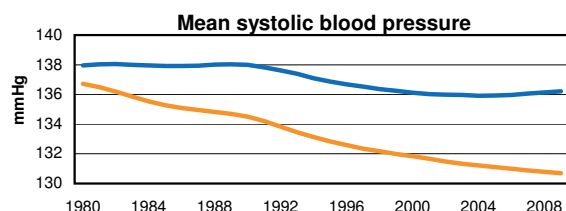
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 90% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
<i>National health reporting system includes:</i>		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available

\*\* = covered by integrated policy/programme/action plan



# Slovenia

2010 total population: 2 029 680

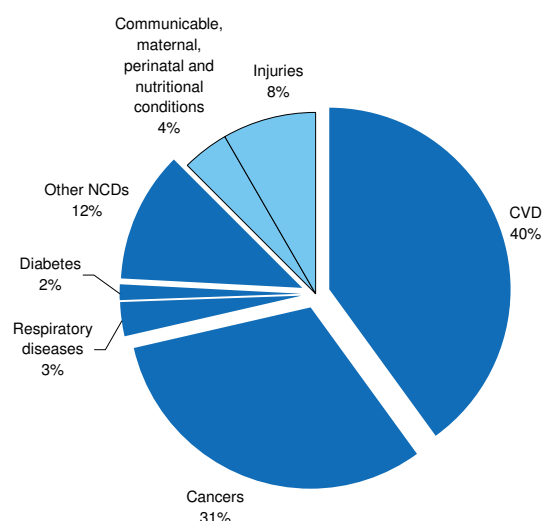
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	7.6	8.2
NCD deaths under age 60	20.2	8.7
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	517.3	287.2
Cancers	207.3	112.7
Chronic respiratory diseases	22.1	7.1
Cardiovascular diseases and diabetes	209.9	127.8

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	24.1	17.2	20.5
Physical inactivity	27.8	34.4	31.2

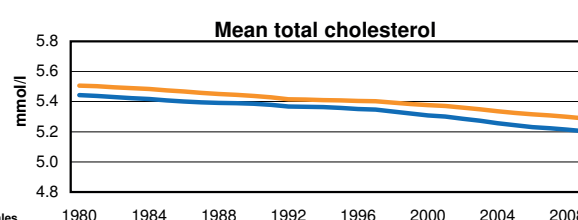
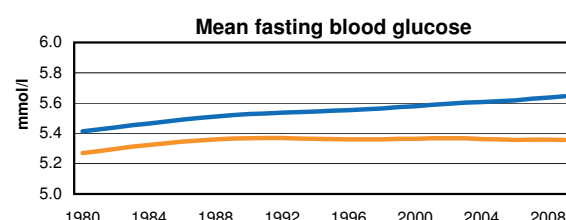
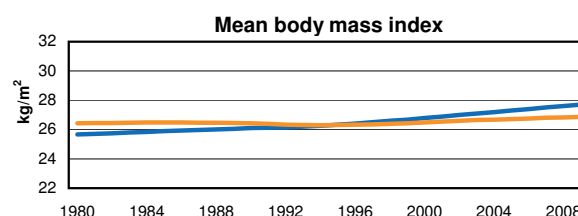
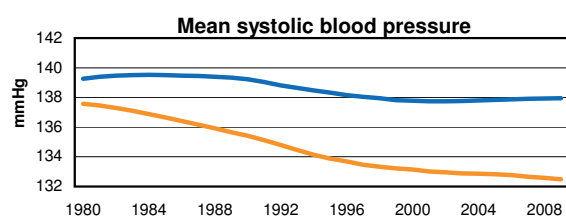
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 87% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
<i>National health reporting system includes:</i>		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available

\*\* = covered by integrated policy/programme/action plan

# Solomon Islands

2010 total population: 538 148

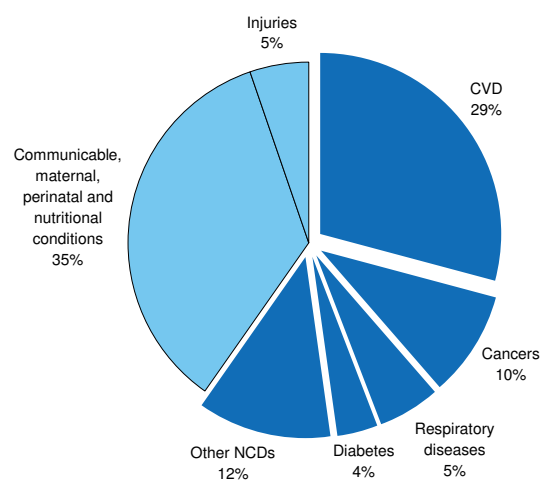
Income group: Lower middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.8	0.6
NCD deaths under age 60	38.8	38.7
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	709.7	524.3
Cancers	85.9	85.9
Chronic respiratory diseases	74.5	41.4
Cardiovascular diseases and diabetes	425.0	303.7

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	42.4	14.4	28.8
Physical inactivity	36.8	48.6	42.6

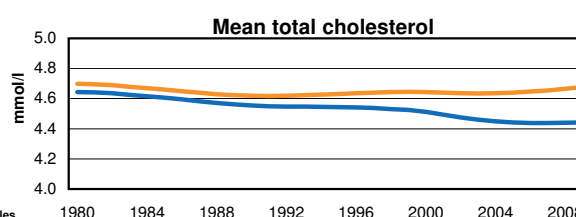
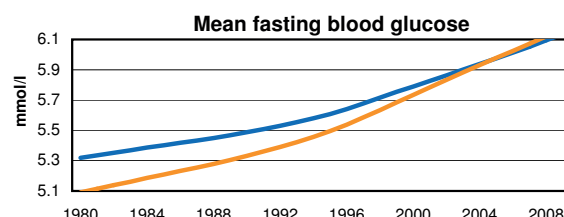
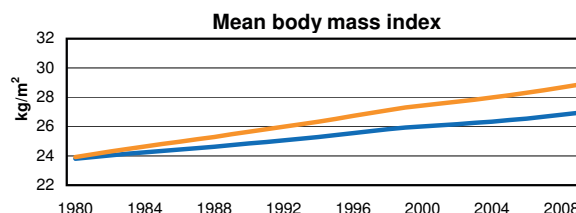
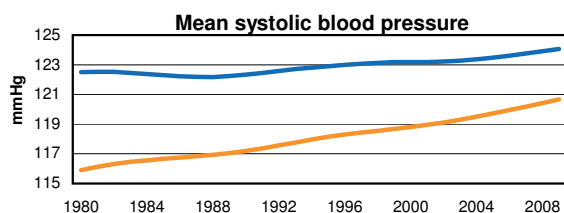
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	32.7	28.9	30.8
Raised blood glucose	14.3	15.4	14.9
Overweight	61.0	69.6	65.2
Obesity	22.6	37.7	30.0
Raised cholesterol	29.5	35.4	32.4

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 60% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	No	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

World Health Organization - NCD Country Profiles, 2011.



# Somalia

2010 total population: 9 330 872

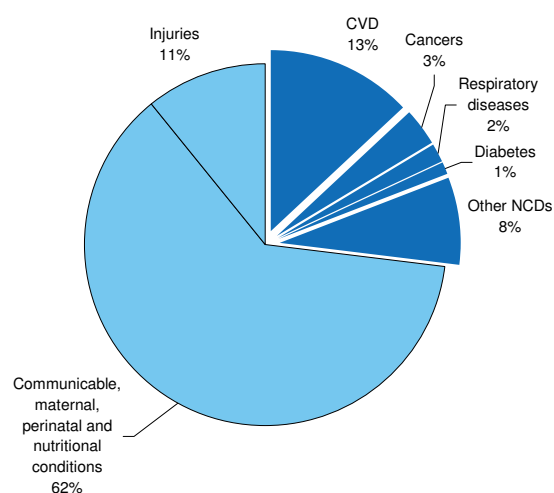
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	18.4	19.3
NCD deaths under age 60	50.6	45.6
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	996.6	932.9
Cancers	105.3	97.1
Chronic respiratory diseases	88.4	57.8
Cardiovascular diseases and diabetes	570.7	573.4

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	...	...	...
Physical inactivity	...	...	...

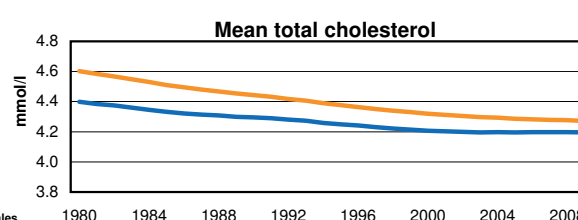
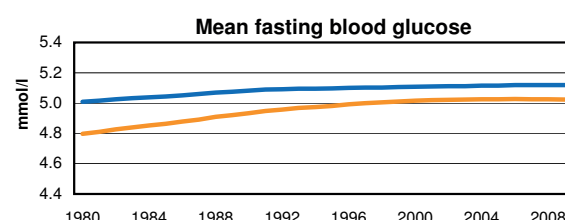
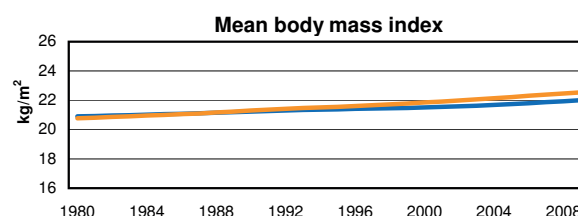
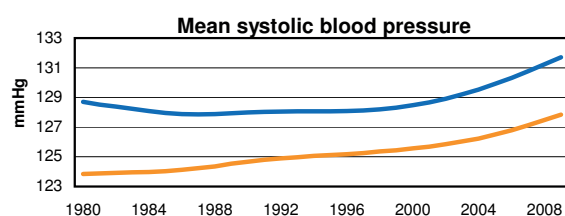
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 27% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	No	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
		Alcohol	No
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	No
NCD cause-specific mortality	No	Physical inactivity	No
NCD morbidity	NR	Tobacco	No
NCD risk factors	NR		
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

NR = Country replied to survey but did not give a response to specific question

# South Africa

2010 total population: 50 132 817

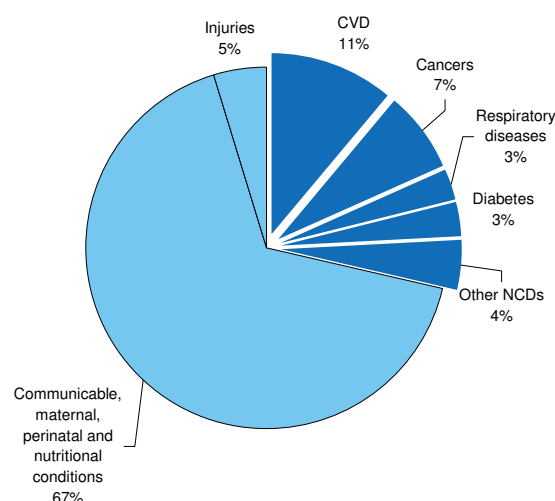
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	92.4	98.1
NCD deaths under age 60 (percent of all NCD deaths)	39.7	28.7
<i>Age-standardized death rate per 100 000</i>		
All NCDs	733.7	555.2
Cancers	207.2	123.9
Chronic respiratory diseases	86.6	44.5
Cardiovascular diseases and diabetes	327.9	315.2

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	21.2	7.0	14.0
Physical inactivity	46.4	55.7	51.1

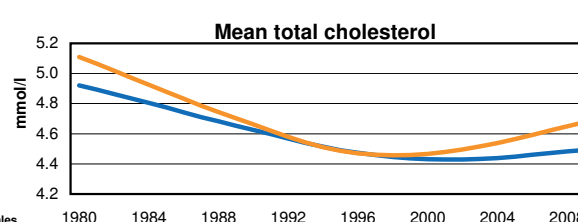
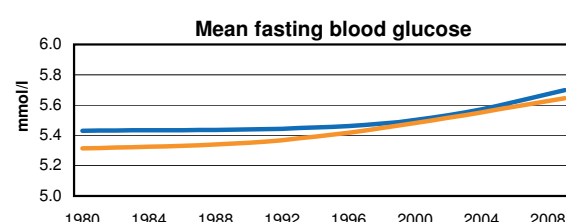
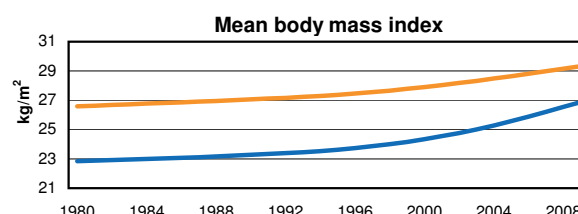
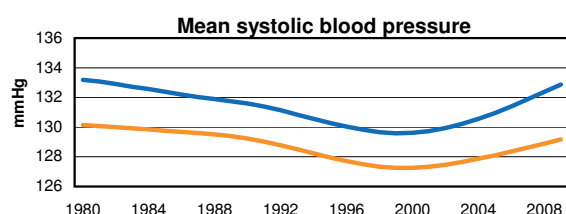
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	43.1	41.4	42.2
Raised blood glucose	10.3	11.0	10.6
Overweight	58.5	71.8	65.4
Obesity	21.0	41.0	31.3
Raised cholesterol	31.3	36.5	34.0

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 29% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\*\* = covered by integrated policy/programme/action plan



# Spain

2010 total population: 46 076 989

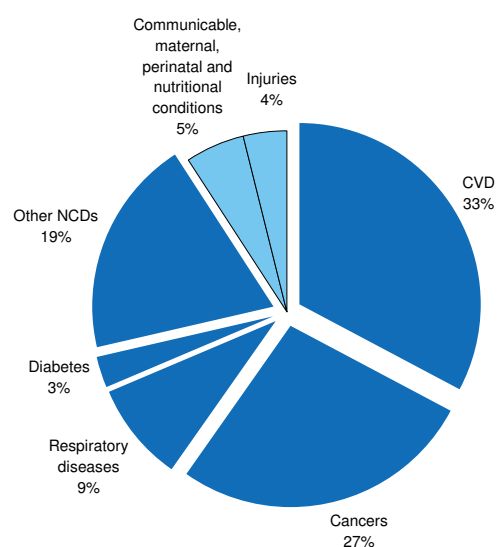
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	<i>males</i>	<i>females</i>
	176.2	167.3
NCD deaths under age 60 (percent of all NCD deaths)	13.4	7.1
<i>Age-standardized death rate per 100 000</i>		
All NCDs	429.0	235.1
Cancers	168.2	78.2
Chronic respiratory diseases	43.7	16.0
Cardiovascular diseases and diabetes	139.7	86.3

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	<i>males</i>	<i>females</i>	<i>total</i>
	30.5	21.6	25.9
Physical inactivity	47.7	56.3	52.1

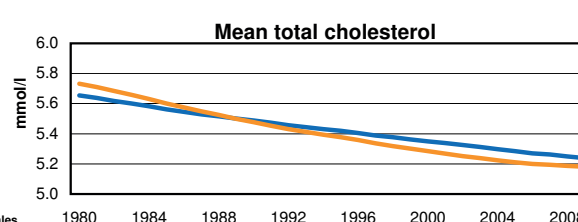
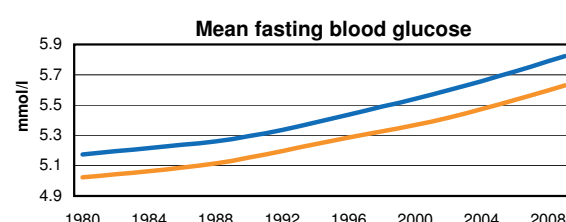
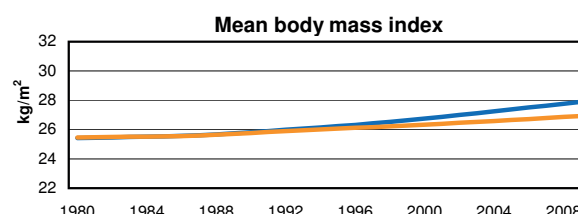
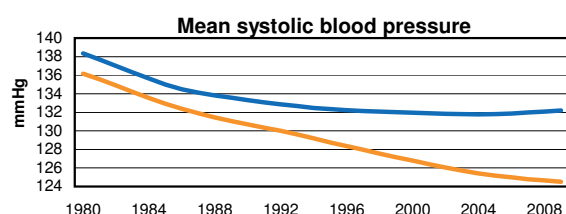
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	<i>males</i>	<i>females</i>	<i>total</i>
	44.5	39.0	41.7
Raised blood glucose	12.0	10.6	11.3
Overweight	67.7	56.6	62.0
Obesity	26.5	26.7	26.6
Raised cholesterol	59.4	56.0	57.6

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 91% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:			
NCD treatment and control	Yes		Cardiovascular diseases
NCD prevention and health promotion	Yes		Cancer
NCD surveillance, monitoring and evaluation	Yes		Chronic respiratory diseases
			Diabetes
			Alcohol
National health reporting system includes:			Unhealthy diet / Overweight / Obesity
NCD cause-specific mortality	Yes		Physical inactivity
NCD morbidity	Yes		Tobacco
NCD risk factors	Yes		
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	2/5

# Sri Lanka

2010 total population: 20 859 949

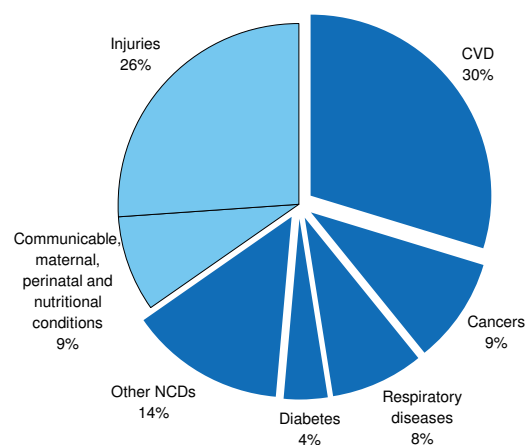
Income group: Lower middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	66.8	51.1
NCD deaths under age 60	27.1	16.9
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	746.2	460.9
Cancers	90.0	77.8
Chronic respiratory diseases	101.5	57.5
Cardiovascular diseases and diabetes	384.9	240.8

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	21.4	0.3	10.6
Physical inactivity	18.4	33.3	26.0

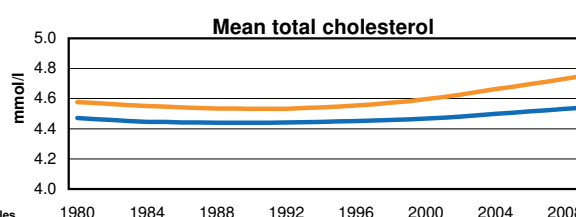
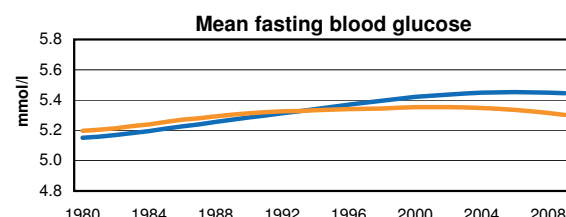
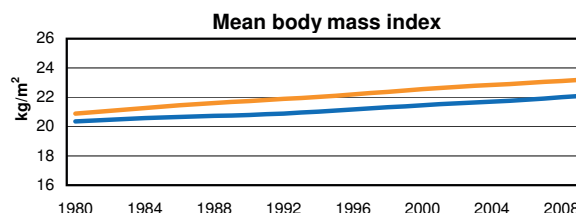
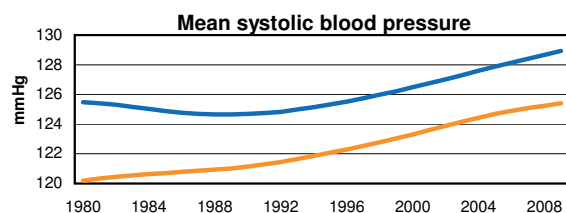
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	41.4	37.1	39.2
Raised blood glucose	9.1	8.5	8.8
Overweight	16.7	26.8	21.9
Obesity	2.6	7.4	5.1
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 65% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	No	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes**
		Alcohol	Yes**
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	Yes**
NCD cause-specific mortality	Yes	Physical inactivity	Yes**
NCD morbidity	Yes	Tobacco	Yes**
NCD risk factors	Yes		
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

\*\* = covered by integrated policy/programme/action plan





# Sudan

2010 total population: 43 551 941

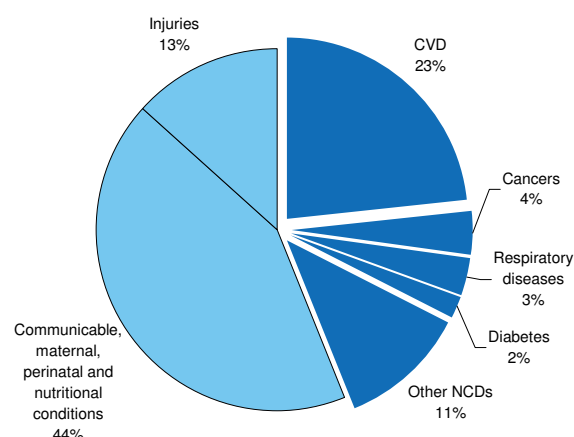
Income group: Lower middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	89.0	95.1
NCD deaths under age 60	38.3	37.7
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	920.3	859.8
Cancers	78.8	67.6
Chronic respiratory diseases	84.6	55.0
Cardiovascular diseases and diabetes	549.5	545.6

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	24.5	2.0	13.2
Physical inactivity	...	...	...

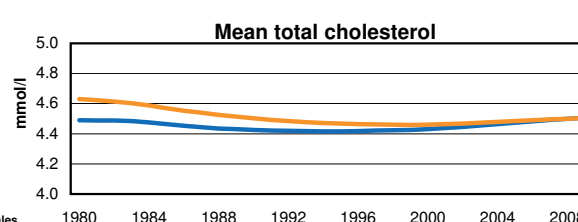
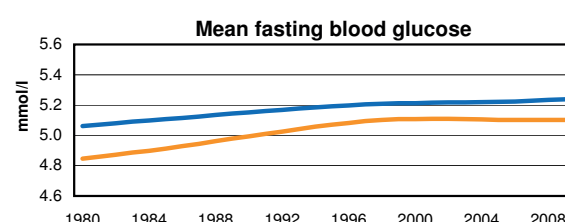
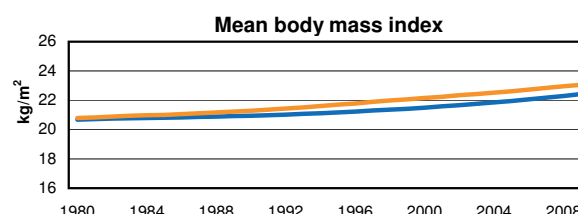
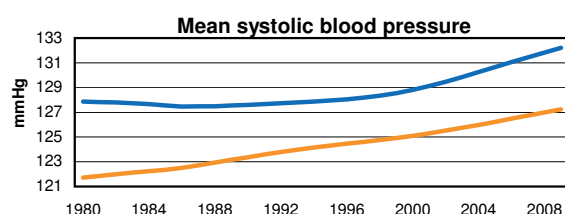
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 44% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	DK
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

DK = Country responded "don't know"

World Health Organization - NCD Country Profiles, 2011.

# Suriname

2010 total population: 524 636

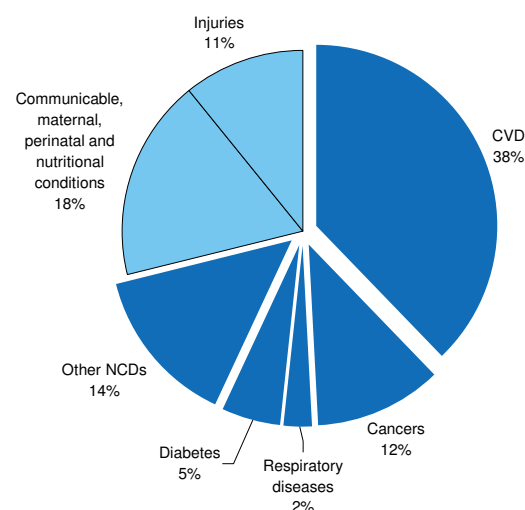
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	1.3	1.1
NCD deaths under age 60	32.4	26.1
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	696.4	450.1
Cancers	107.1	80.8
Chronic respiratory diseases	28.3	13.6
Cardiovascular diseases and diabetes	426.2	275.6

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	...	...	...
Physical inactivity	...	...	...

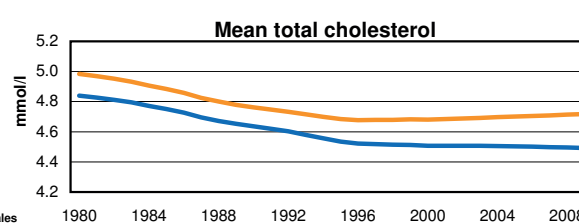
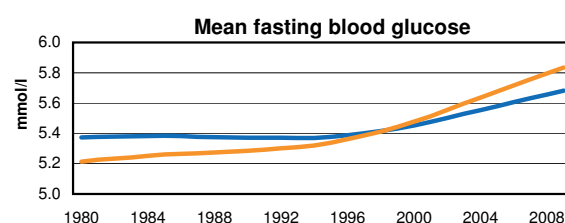
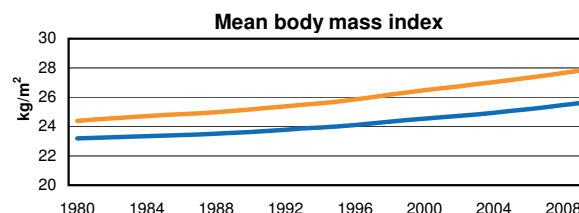
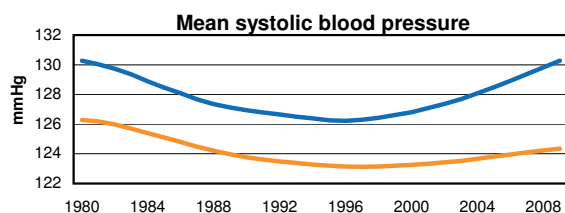
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 71% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
<i>National health reporting system includes:</i>		Alcohol	Yes
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available



# Swaziland

2010 total population: 1 186 056

Income group: Lower middle

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	2.5	2.4
NCD deaths under age 60 (percent of all NCD deaths)	41.4	45.4
Age-standardized death rate per 100 000		
All NCDs	1038.1	729.8
Cancers	92.5	70.9
Chronic respiratory diseases	158.9	71.3
Cardiovascular diseases and diabetes	558.2	441.9

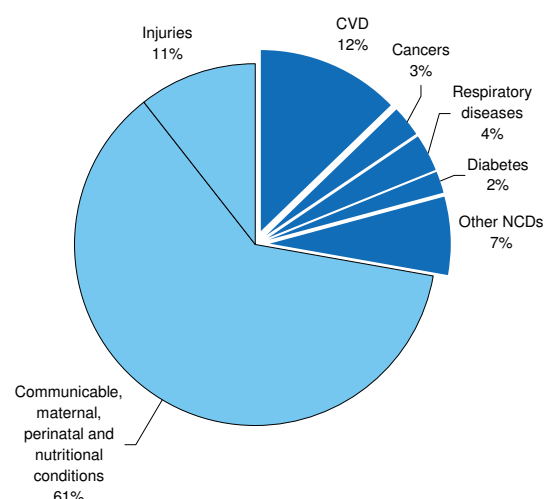
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	10.8	0.8	5.6
Physical inactivity	62.9	69.7	66.5

## Metabolic risk factors

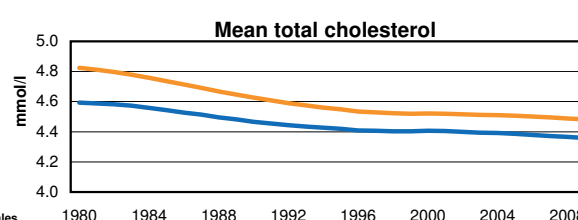
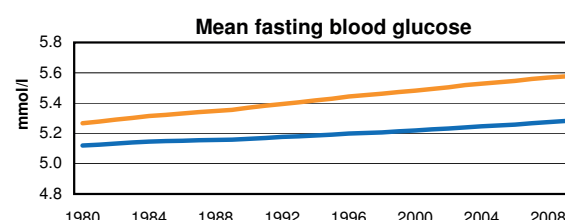
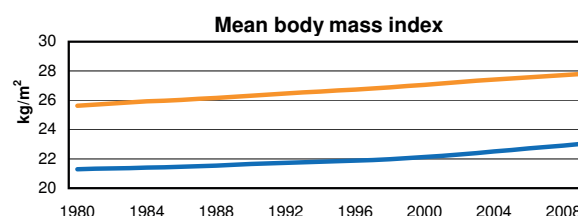
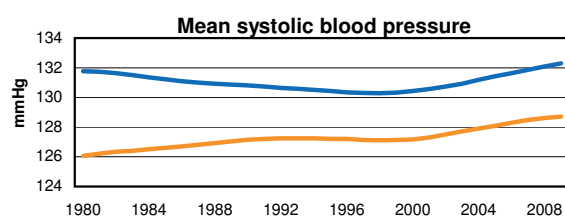
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	...	...	...
Raised blood glucose	...	...	...
Overweight	25.0	62.9	45.3
Obesity	5.2	32.4	19.7
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 28% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

World Health Organization - NCD Country Profiles, 2011.

# Sweden

2010 total population: 9 379 687

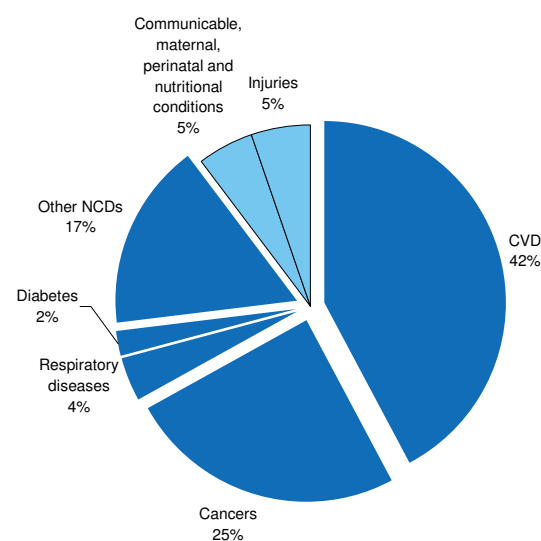
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	38.5	41.9
NCD deaths under age 60 (percent of all NCD deaths)	8.9	5.9
<i>Age-standardized death rate per 100 000</i>		
All NCDs	389.7	266.5
Cancers	127.7	100.6
Chronic respiratory diseases	17.3	12.5
Cardiovascular diseases and diabetes	179.2	102.8

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	11.9	16.1	14.0
Physical inactivity	46.0	48.1	47.1

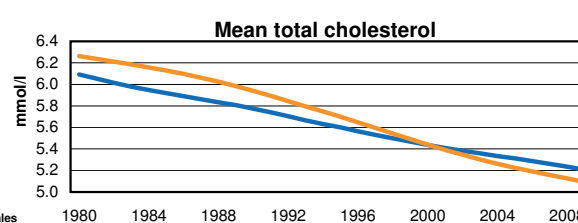
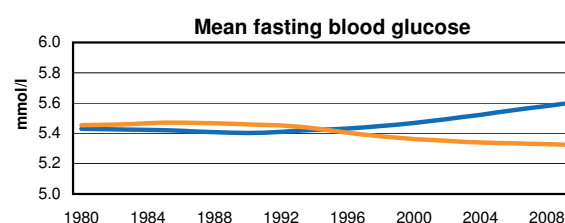
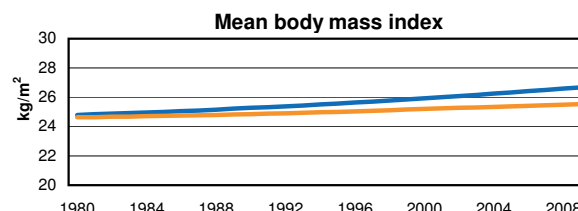
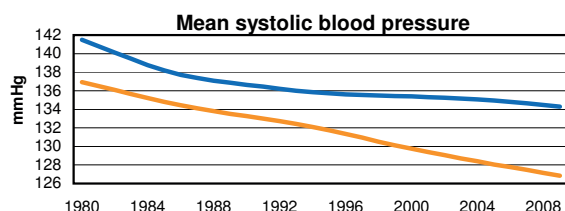
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	49.3	42.7	46.0
Raised blood glucose	9.6	8.1	8.8
Overweight	60.2	46.6	53.3
Obesity	19.9	17.3	18.6
Raised cholesterol	58.6	53.7	56.1

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 90% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
		Alcohol	Yes
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	No
NCD cause-specific mortality	Yes	Physical inactivity	No
NCD morbidity	Yes	Tobacco	No
NCD risk factors	No		
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5



# Switzerland

2010 total population: 7 664 318

Income group: High

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	26.3	29.4
NCD deaths under age 60 (percent of all NCD deaths)	11.4	6.7
Age-standardized death rate per 100 000		
All NCDs	362.2	233.6
Cancers	136.8	87.8
Chronic respiratory diseases	18.5	7.9
Cardiovascular diseases and diabetes	143.0	85.7

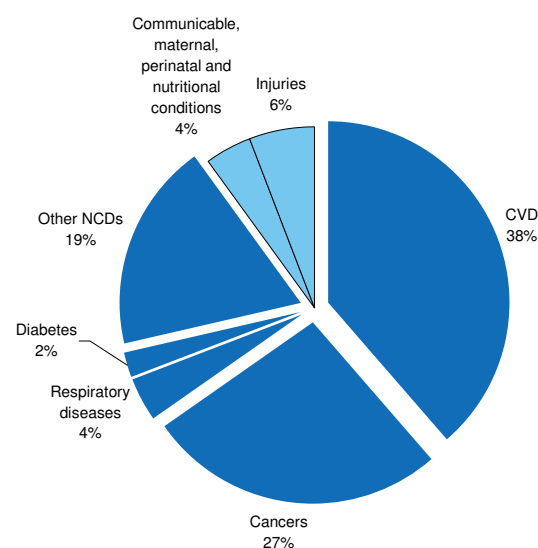
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	22.9	16.7	19.7
Physical inactivity	...	...	...

## Metabolic risk factors

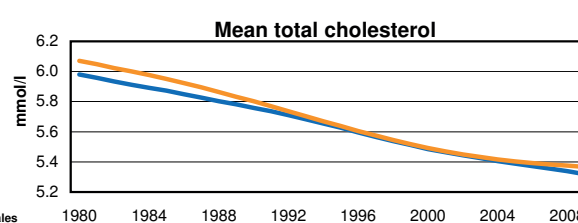
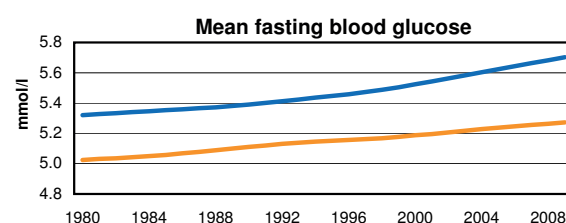
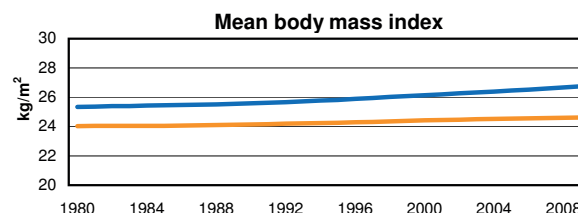
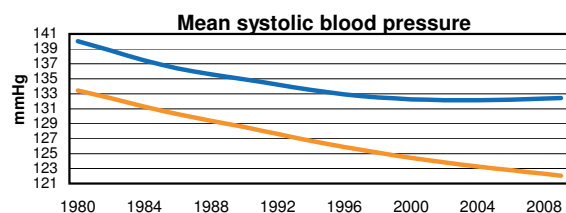
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	45.8	35.6	40.4
Raised blood glucose	10.7	6.7	8.6
Overweight	59.3	40.0	49.2
Obesity	20.7	14.5	17.5
Raised cholesterol	62.6	62.2	62.4

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 90% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	No	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	Yes
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	Yes
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

# Syrian Arab Republic

2010 total population: 20 410 606

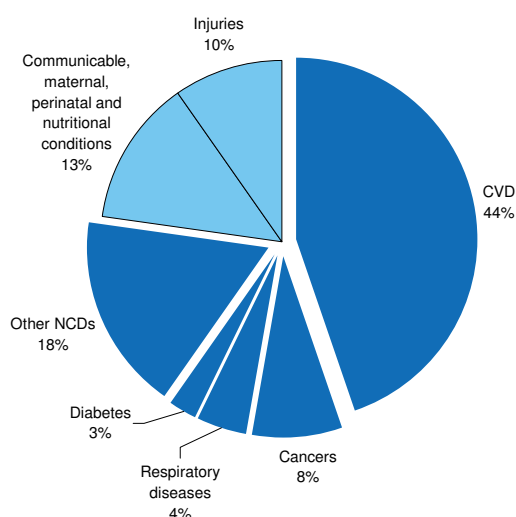
Income group: Lower middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	33.7	26.1
NCD deaths under age 60	39.8	33.1
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	730.4	503.5
Cancers	65.7	47.2
Chronic respiratory diseases	46.5	28.8
Cardiovascular diseases and diabetes	471.7	326.1

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	36.8	...	...
Physical inactivity	...	...	...

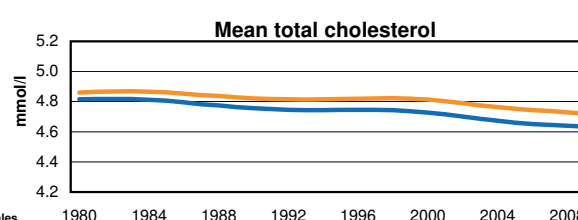
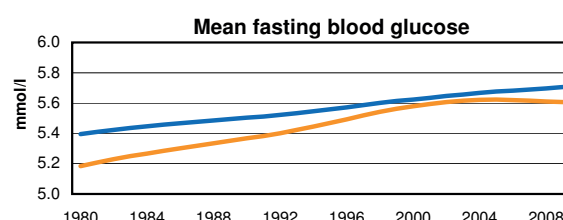
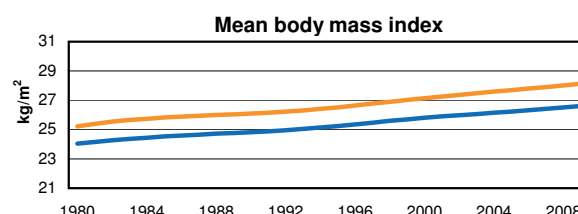
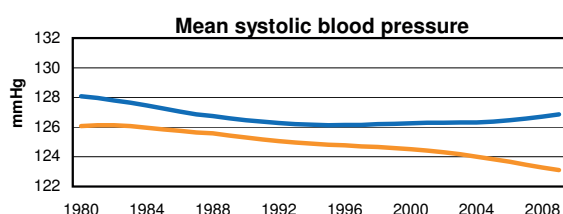
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	58.7	63.6	61.2
Obesity	20.7	33.5	27.1
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 77% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available



# Tajikistan

2010 total population: 6 878 637

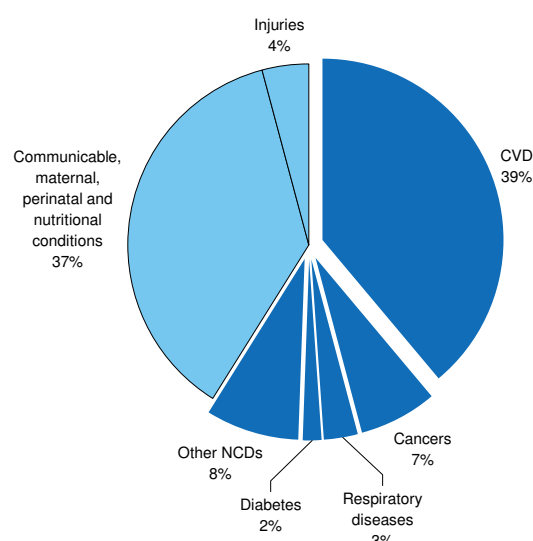
Income group: Low

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	10.1	14.8
NCD deaths under age 60	30.0	25.3
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	678.1	759.0
Cancers	83.6	81.4
Chronic respiratory diseases	32.9	42.8
Cardiovascular diseases and diabetes	483.3	562.4

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	...	...	...
Physical inactivity	...	...	...

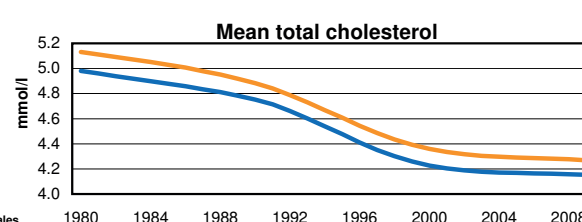
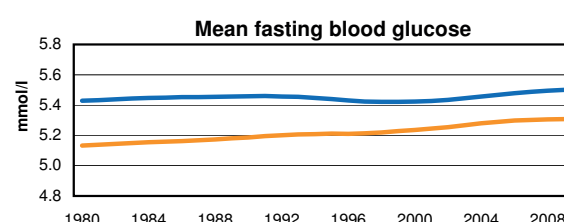
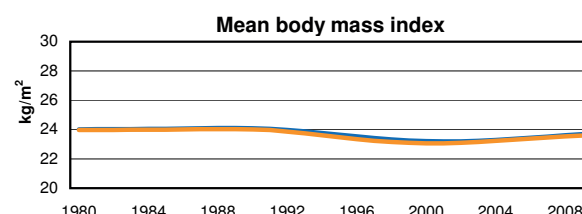
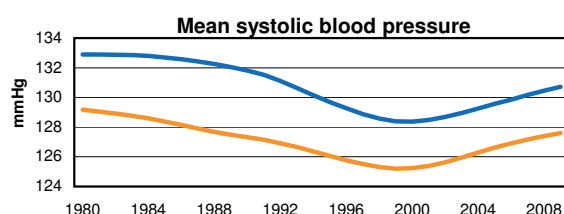
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	31.2	30.5	30.9
Obesity	7.2	10.0	8.6
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 59% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	No	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
		Alcohol	Yes**
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	Yes**
NCD cause-specific mortality	Yes	Physical inactivity	Yes
NCD morbidity	Yes	Tobacco	Yes**
NCD risk factors	No		
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

\*\* = covered by integrated policy/programme/action plan

# Thailand

2010 total population: 69 122 234

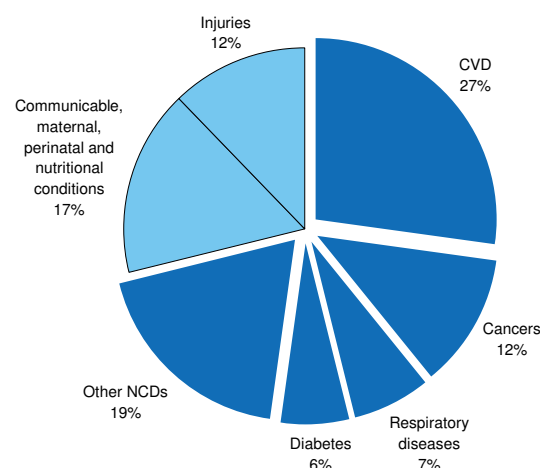
Income group: Lower middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	227.1	191.3
NCD deaths under age 60 (percent of all NCD deaths)	32.3	25.0
<i>Age-standardized death rate per 100 000</i>		
All NCDs	791.7	540.6
Cancers	114.6	95.9
Chronic respiratory diseases	114.4	29.7
Cardiovascular diseases and diabetes	343.0	280.0

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	36.2	1.6	18.4
Physical inactivity	16.5	20.7	18.7

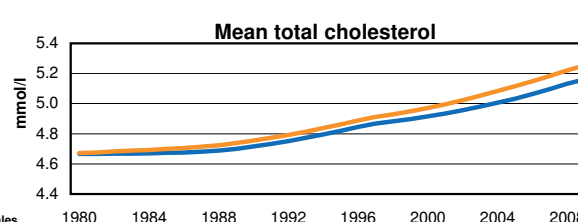
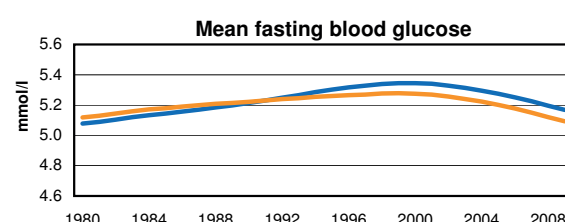
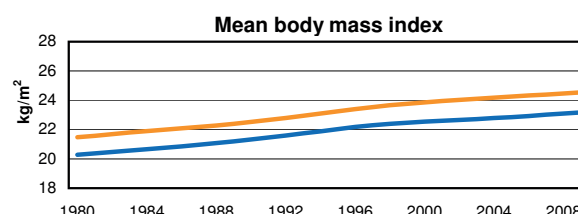
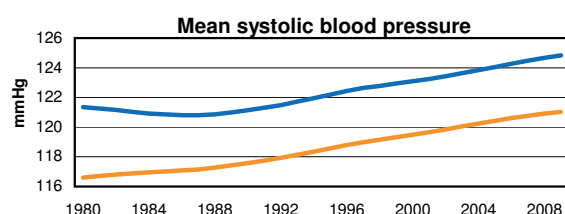
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	36.4	32.4	34.3
Raised blood glucose	7.2	7.3	7.3
Overweight	26.5	37.4	32.2
Obesity	5.0	12.2	8.8
Raised cholesterol	55.1	57.0	56.1

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 71% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	DK
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	3/5

\*\* = covered by integrated policy/programme/action plan  
DK = Country responded "don't know"





# The former Yugoslav Republic of Macedonia

2010 total population: 2 060 563

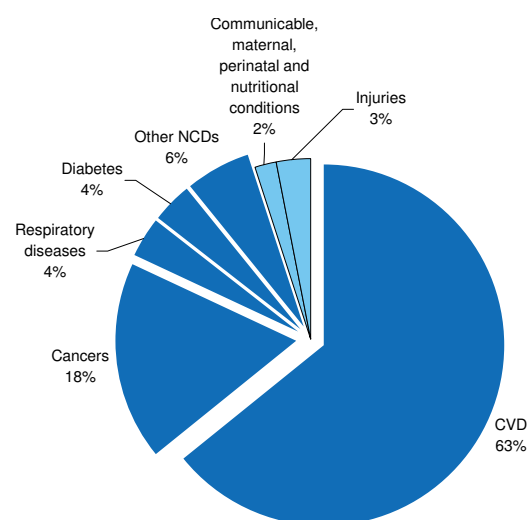
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	9.1	9.7
NCD deaths under age 60 (percent of all NCD deaths)	19.7	11.1
<i>Age-standardized death rate per 100 000</i>		
All NCDs	755.8	578.9
Cancers	165.1	96.2
Chronic respiratory diseases	30.9	21.1
Cardiovascular diseases and diabetes	500.7	429.3

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	...	...	...
Physical inactivity	...	...	...

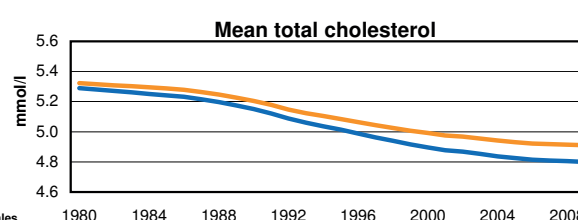
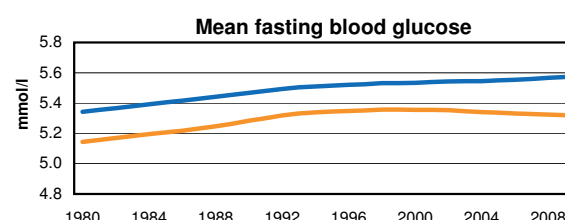
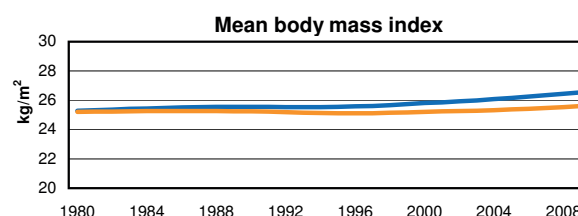
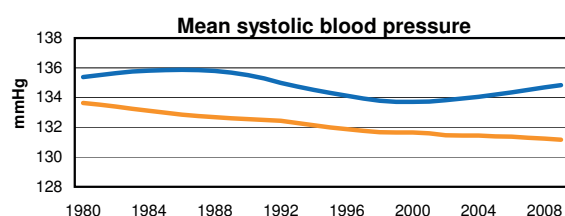
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	60.5	47.8	54.0
Obesity	22.2	20.0	21.1
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 95% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
<i>National health reporting system includes:</i>		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

\*\* = covered by integrated policy/programme/action plan

# Timor-Leste

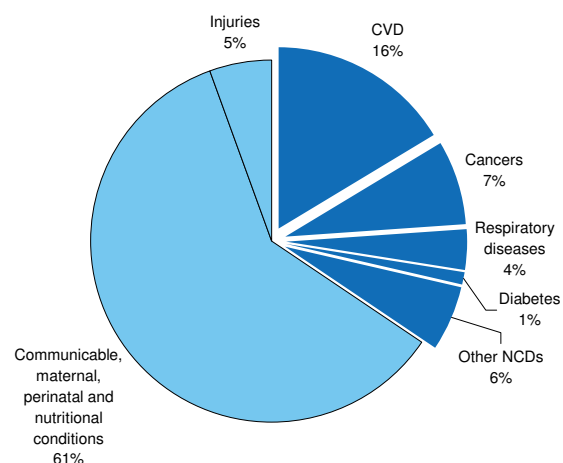
2010 total population: 1 124 355  
Income group: Lower middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	1.4	1.0
NCD deaths under age 60 (percent of all NCD deaths)	36.4	29.1
<i>Age-standardized death rate per 100 000</i>		
All NCDs	651.2	474.9
Cancers	122.2	95.6
Chronic respiratory diseases	78.1	49.7
Cardiovascular diseases and diabetes	358.7	275.8

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
Physical inactivity	...	...	...

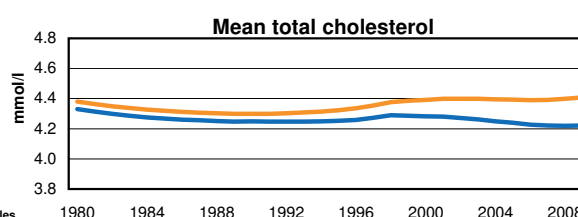
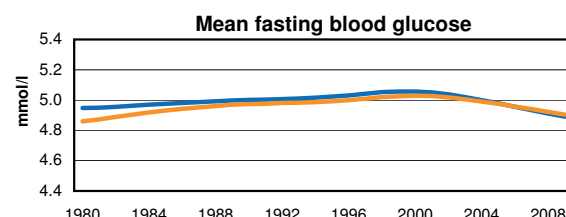
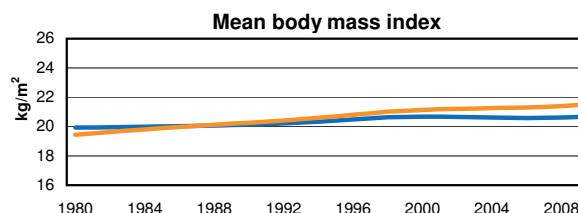
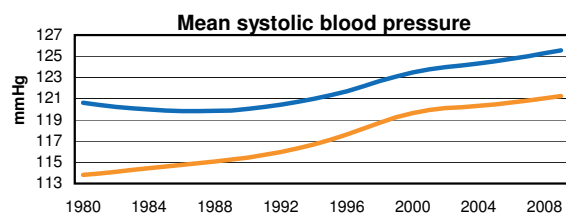
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 34% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available



# Togo

2010 total population: 6 027 798

Income group: Low

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	10.3	11.4
NCD deaths under age 60 (percent of all NCD deaths)	36.8	34.9
Age-standardized death rate per 100 000		
All NCDs	754.6	676.5
Cancers	86.4	90.8
Chronic respiratory diseases	109.4	59.7
Cardiovascular diseases and diabetes	402.4	404.5

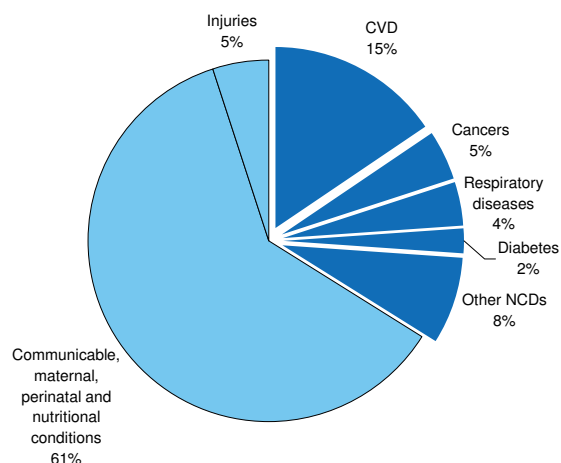
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	...	...	...
Physical inactivity	...	...	...

## Metabolic risk factors

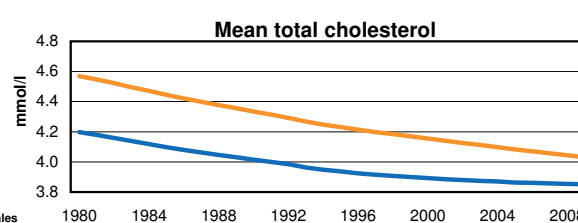
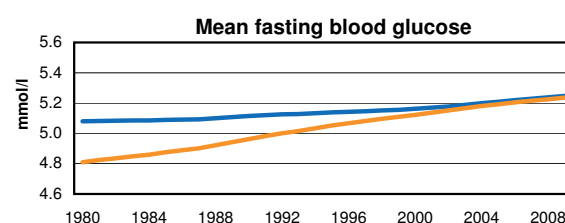
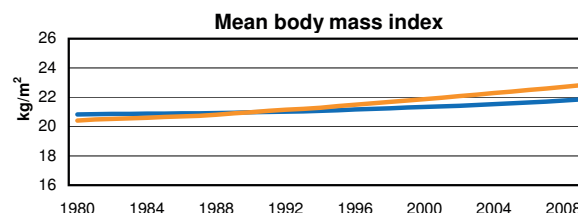
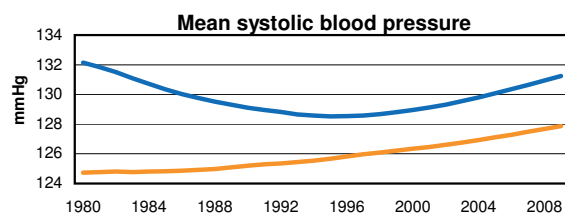
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	...	...	...
Raised blood glucose	...	...	...
Overweight	16.2	22.3	19.3
Obesity	2.8	5.7	4.3
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 34% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	No	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

World Health Organization - NCD Country Profiles, 2011.

# Tonga

2010 total population: 104 058

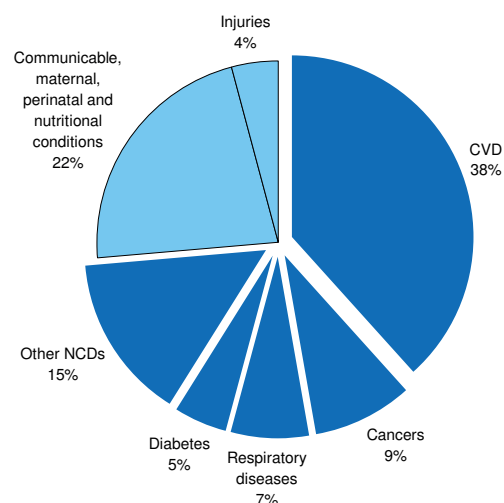
Income group: Lower middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.2	0.3
NCD deaths under age 60 (percent of all NCD deaths)	25.6	35.1
<i>Age-standardized death rate per 100 000</i>		
All NCDs	649.3	672.6
Cancers	67.4	93.9
Chronic respiratory diseases	68.8	53.2
Cardiovascular diseases and diabetes	395.9	395.0

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	36.6	7.5	22.0
Physical inactivity	30.6	52.1	41.4

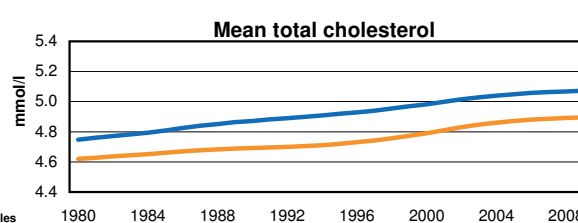
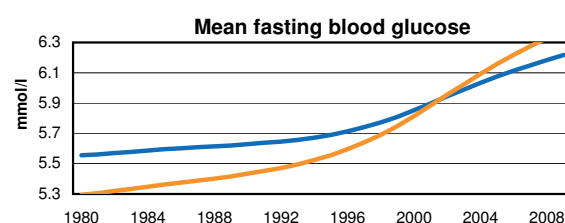
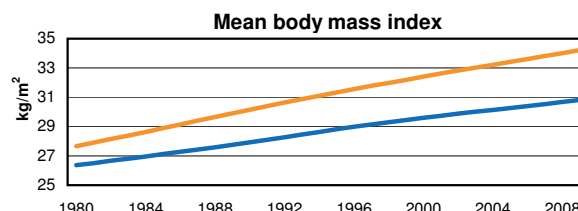
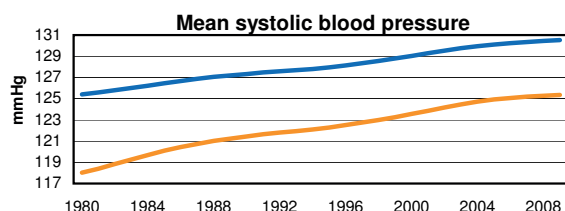
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	42.1	38.0	40.1
Raised blood glucose	15.8	19.1	17.5
Overweight	84.2	89.9	87.0
Obesity	46.6	68.5	57.6
Raised cholesterol	52.5	44.9	48.7

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 74% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\*\* = covered by integrated policy/programme/action plan



# Trinidad and Tobago

2010 total population: 1 341 465

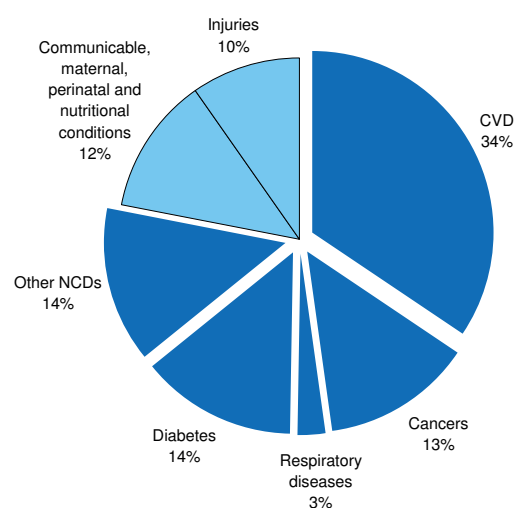
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	4.1	3.7
NCD deaths under age 60 (percent of all NCD deaths)	31.1	26.7
<i>Age-standardized death rate per 100 000</i>		
All NCDs	895.6	505.7
Cancers	157.5	89.2
Chronic respiratory diseases	37.1	12.2
Cardiovascular diseases and diabetes	545.3	316.4

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	19.0	7.7	13.1
Physical inactivity	...	...	...

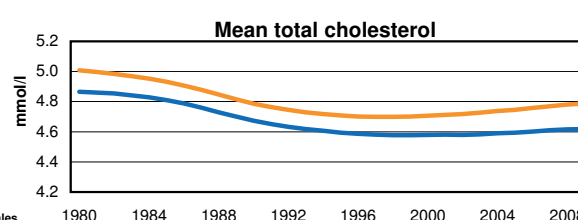
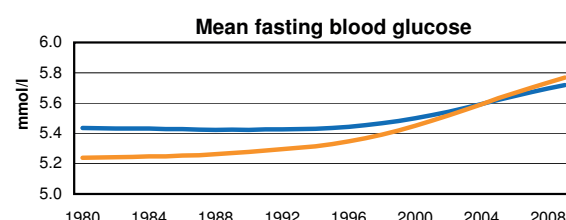
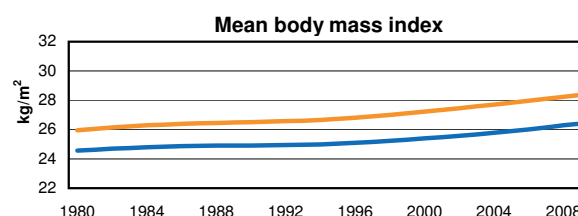
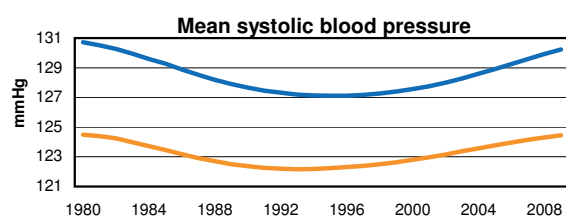
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	41.7	36.3	38.9
Raised blood glucose	...	...	...
Overweight	58.1	69.1	63.8
Obesity	20.6	37.5	29.3
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 78% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
		Alcohol	No
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	No
NCD cause-specific mortality	Yes	Physical inactivity	No
NCD morbidity	Yes	Tobacco	Yes
NCD risk factors	Yes		
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available

# Tunisia

2010 total population: 10 480 934

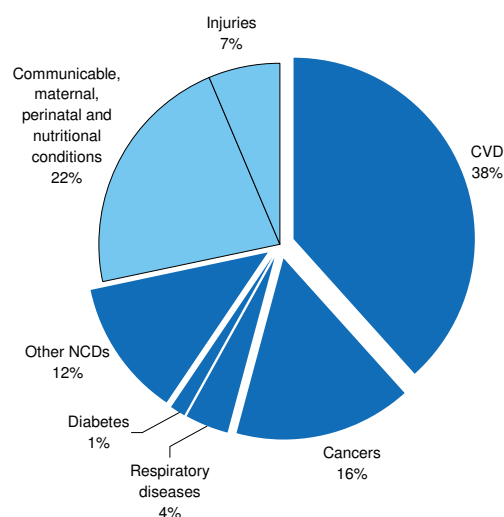
Income group: Lower middle

NCD mortality*		
2008 estimates		
Total NCD deaths (000s)	males	females
	20.5	18.1
NCD deaths under age 60 (percent of all NCD deaths)	24.0	17.4
Age-standardized death rate per 100 000		
All NCDs	505.4	404.2
Cancers	122.6	71.7
Chronic respiratory diseases	30.1	21.5
Cardiovascular diseases and diabetes	267.8	245.4

Behavioural risk factors			
2008 estimated prevalence (%)			
Current daily tobacco smoking	males	females	total
	56.5	6.8	31.6
Physical inactivity	30.0	39.1	34.6

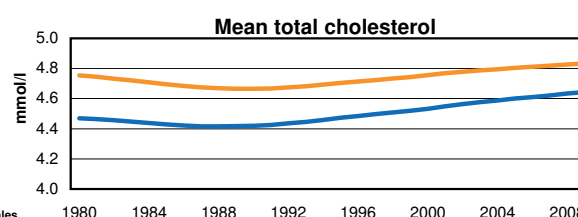
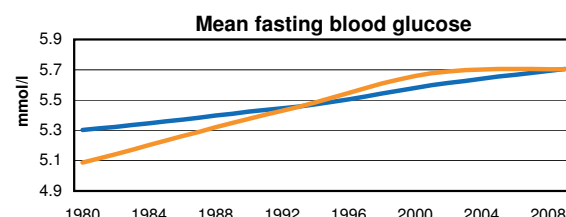
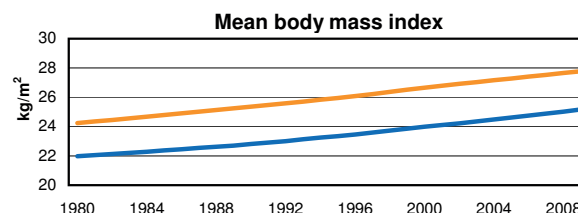
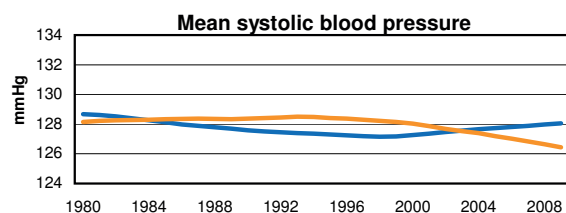
Metabolic risk factors			
2008 estimated prevalence (%)			
Raised blood pressure	males	females	total
	39.0	38.1	38.5
Raised blood glucose	11.0	11.9	11.4
Overweight	45.1	62.3	53.7
Obesity	12.8	31.7	22.3
Raised cholesterol	36.6	42.2	39.4

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 72% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

\*\* = covered by integrated policy/programme/action plan



# Turkey

2010 total population: 72 752 325

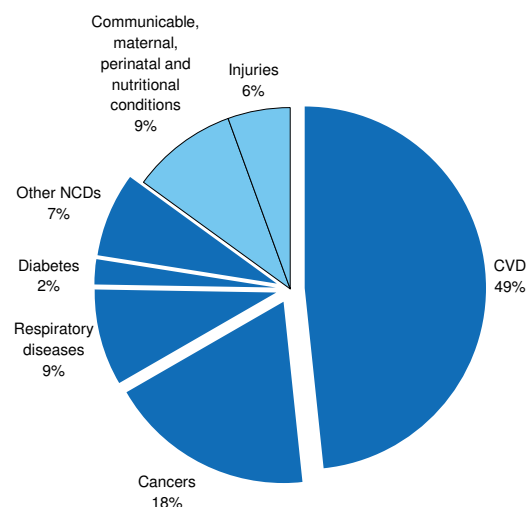
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	177.1	136.7
NCD deaths under age 60 (percent of all NCD deaths)	30.8	22.9
<i>Age-standardized death rate per 100 000</i>		
All NCDs	707.6	474.8
Cancers	158.0	78.0
Chronic respiratory diseases	94.7	37.6
Cardiovascular diseases and diabetes	402.5	321.5

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	45.9	17.3	31.6
Physical inactivity	48.1	61.2	54.6

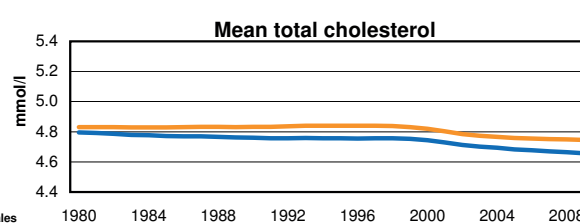
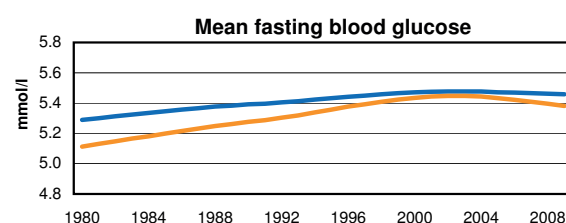
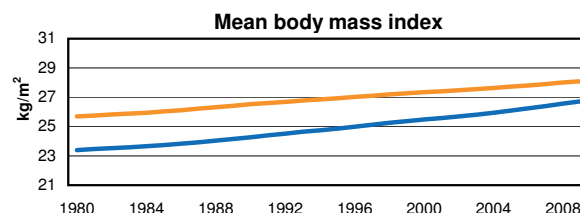
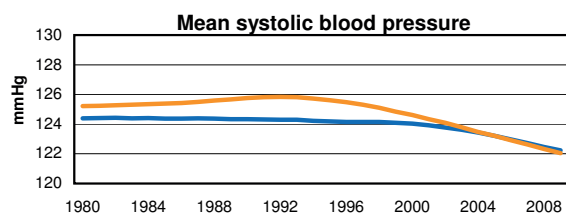
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	32.5	33.0	32.8
Raised blood glucose	9.0	9.1	9.0
Overweight	59.7	64.1	61.9
Obesity	21.7	34.0	27.8
Raised cholesterol	37.2	39.3	38.3

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 85% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	Yes
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	3/5

# Turkmenistan

2010 total population: 5 041 995

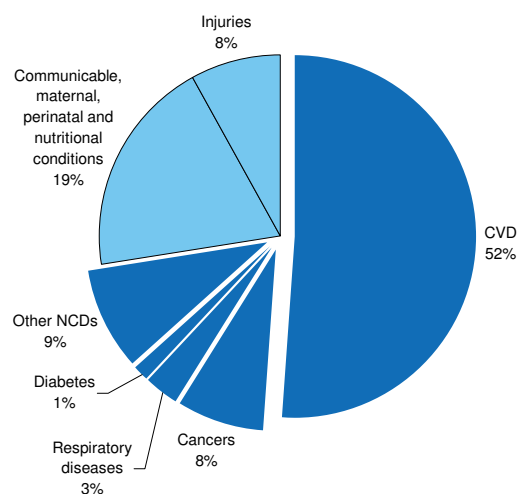
Income group: Lower middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	16.1	15.7
NCD deaths under age 60	50.4	32.0
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	1181.7	872.8
Cancers	120.6	92.1
Chronic respiratory diseases	49.3	32.0
Cardiovascular diseases and diabetes	880.8	667.7

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	...	...	...
Physical inactivity	...	...	...

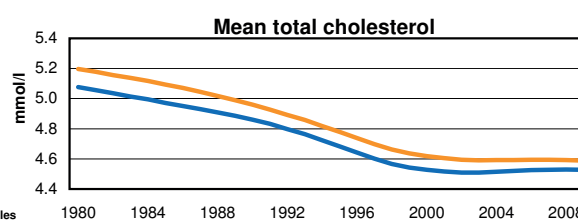
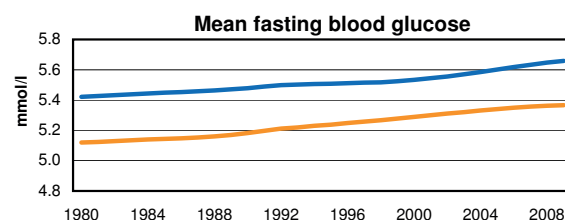
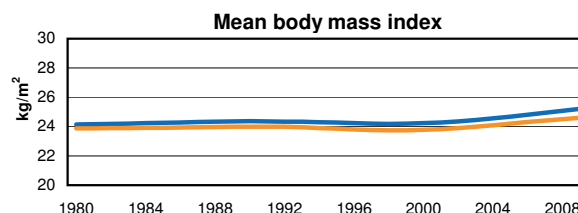
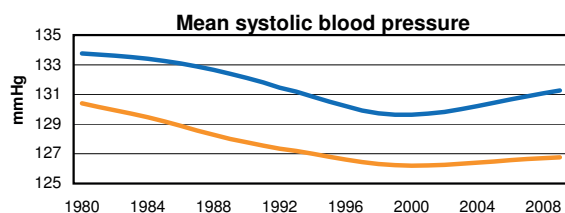
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	44.8	38.5	41.5
Obesity	12.9	13.5	13.2
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 73% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	ND	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	ND
NCD treatment and control	ND	Cancer	ND
NCD prevention and health promotion	ND	Chronic respiratory diseases	ND
NCD surveillance, monitoring and evaluation	ND	Diabetes	ND
National health reporting system includes:		Alcohol	ND
NCD cause-specific mortality	ND	Unhealthy diet / Overweight / Obesity	ND
NCD morbidity	ND	Physical inactivity	ND
NCD risk factors	ND	Tobacco	ND
Has a national, population-based cancer registry	ND	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available

ND = Country did not respond to country capacity survey





# Tuvalu

2010 total population: 9 827

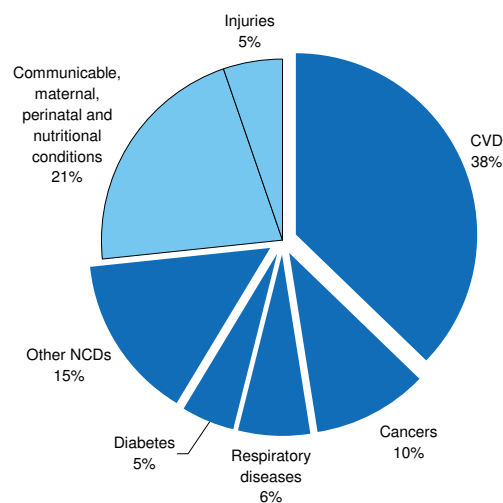
Income group: Lower middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.0	0.0
NCD deaths under age 60	36.6	37.0
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	992.3	991.9
Cancers	106.9	153.8
Chronic respiratory diseases	98.4	77.3
Cardiovascular diseases and diabetes	605.8	568.0

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	47.8	15.5	32.0
Physical inactivity	...	...	...

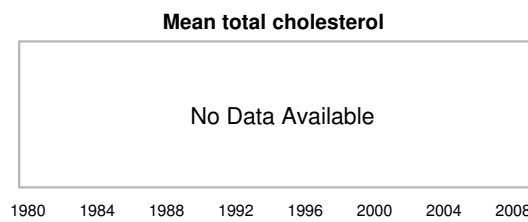
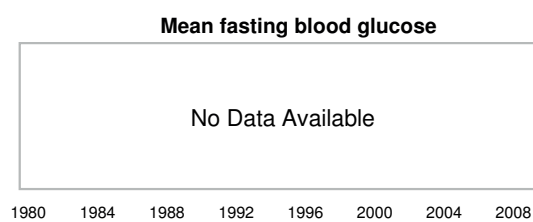
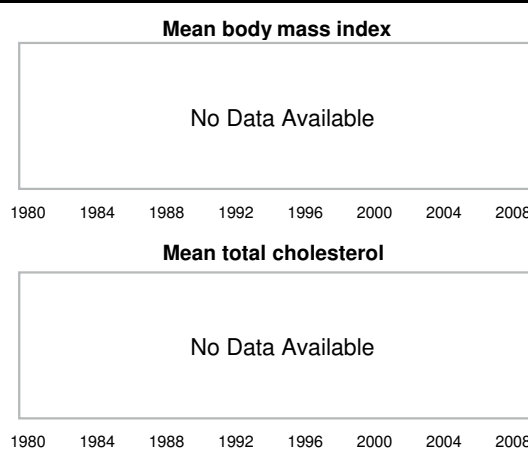
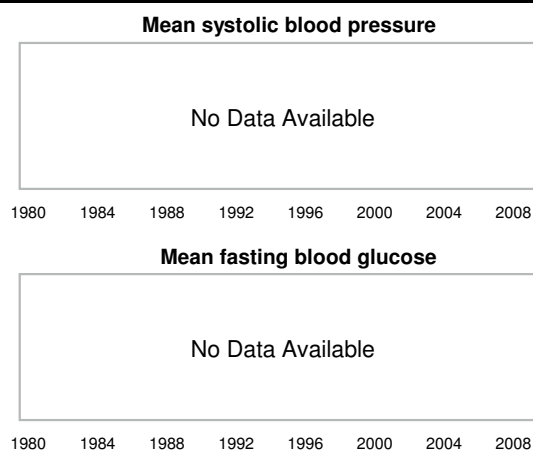
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 73% of all deaths.

## Metabolic risk factor trends



■ Males  
■ Females

## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	Yes
<i>National health reporting system includes:</i>		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

# Uganda

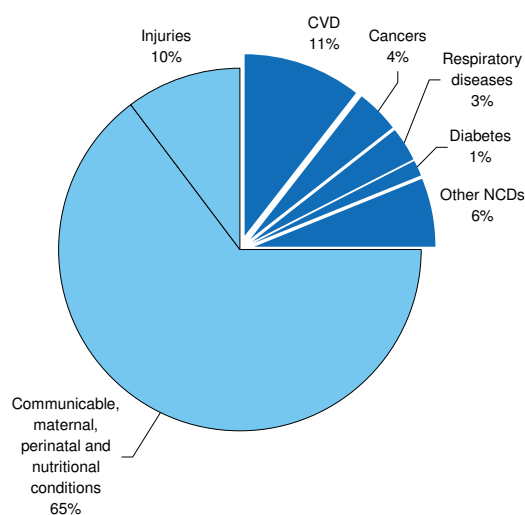
2010 total population: 33 424 683  
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	64.1	42.3
NCD deaths under age 60 (percent of all NCD deaths)	51.8	33.0
<i>Age-standardized death rate per 100 000</i>		
All NCDs	1094.7	684.9
Cancers	126.5	140.3
Chronic respiratory diseases	159.3	53.4
Cardiovascular diseases and diabetes	561.6	383.7

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	12.3	1.5	6.8
Physical inactivity	...	...	...

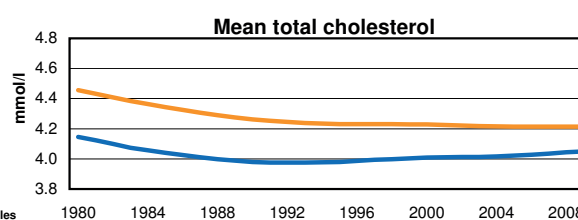
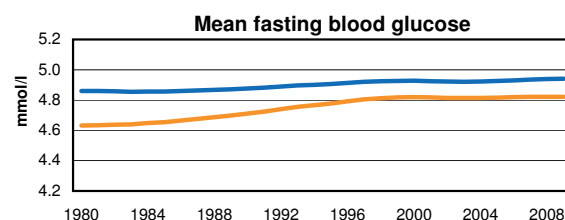
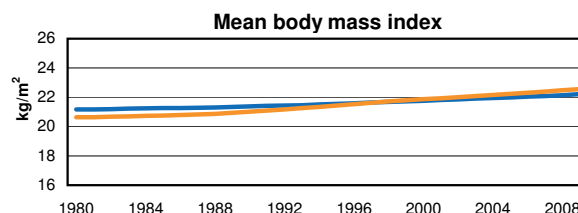
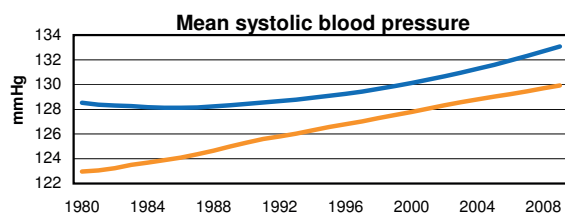
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	...	...	...
Raised blood glucose	...	...	...
Overweight	20.1	19.8	19.9
Obesity	3.8	4.7	4.3
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 25% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	no
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	No
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

World Health Organization - NCD Country Profiles, 2011.



# Ukraine

2010 total population: 45 448 329

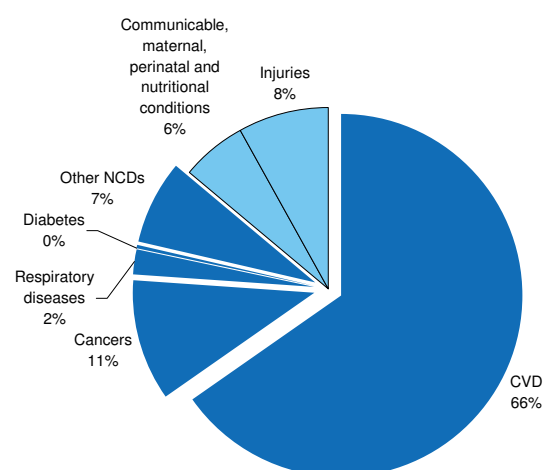
Income group: Lower middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	310.9	338.0
NCD deaths under age 60 (percent of all NCD deaths)	29.2	10.8
<i>Age-standardized death rate per 100 000</i>		
All NCDs	1121.9	582.5
Cancers	159.3	79.2
Chronic respiratory diseases	43.3	8.4
Cardiovascular diseases and diabetes	772.1	440.9

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	58.8	18.3	36.7
Physical inactivity	20.7	19.1	19.8

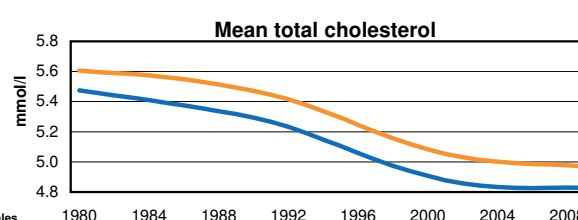
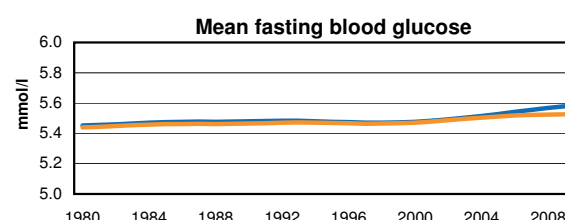
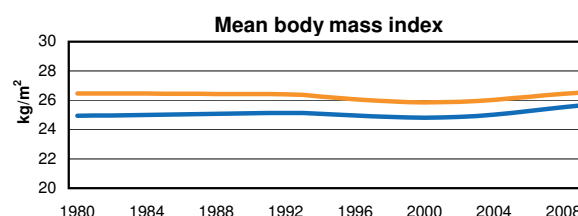
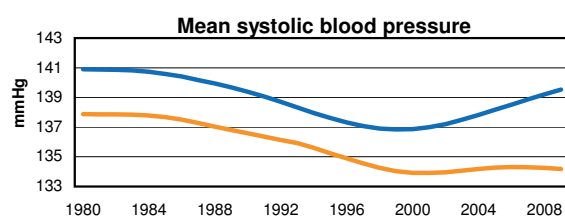
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	54.2	53.1	53.6
Raised blood glucose	...	...	...
Overweight	50.5	56.0	53.5
Obesity	15.9	25.7	21.3
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 86% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes
<i>National health reporting system includes:</i>		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

# United Arab Emirates

2010 total population: 7 511 690

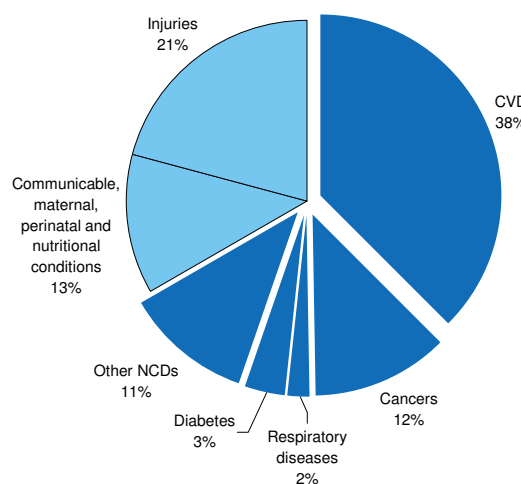
Income group: High

NCD mortality*		
2008 estimates		
	males	females
Total NCD deaths (000s)	3.2	1.4
NCD deaths under age 60 (percent of all NCD deaths)	59.7	47.1
Age-standardized death rate per 100 000		
All NCDs	448.0	340.0
Cancers	63.4	64.4
Chronic respiratory diseases	11.6	23.1
Cardiovascular diseases and diabetes	308.9	203.9

Behavioural risk factors			
2008 estimated prevalence (%)			
	males	females	total
Current daily tobacco smoking	15.4	1.2	11.3
Physical inactivity	54.6	67.5	58.3

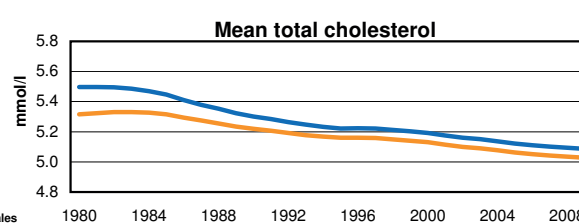
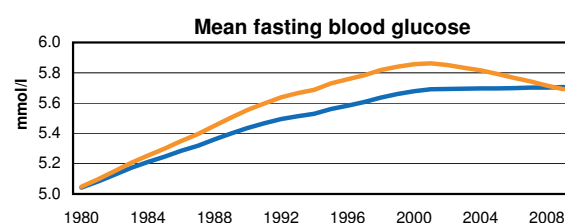
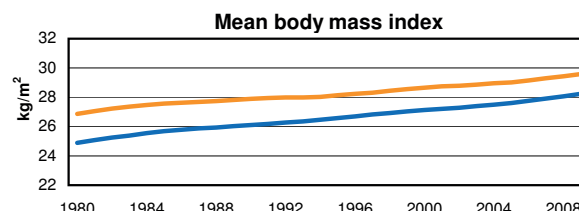
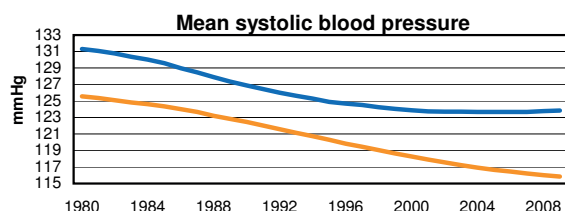
Metabolic risk factors			
2008 estimated prevalence (%)			
	males	females	total
Raised blood pressure	29.9	20.7	27.5
Raised blood glucose	10.2	10.4	10.2
Overweight	71.3	71.2	71.3
Obesity	30.0	39.9	32.7
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 67% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes
NCD morbidity	Yes	Physical inactivity	Yes
NCD risk factors	No	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	2/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

World Health Organization - NCD Country Profiles, 2011.



# United Kingdom

2010 total population: 62 035 570

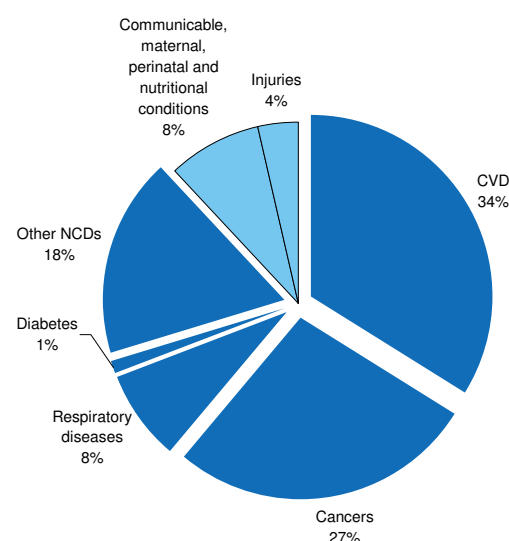
Income group: High

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	<i>males</i> 244.3	<i>females</i> 274.1
NCD deaths under age 60 (percent of all NCD deaths)	13.1	8.2
<i>Age-standardized death rate per 100 000</i>		
All NCDs	440.6	309.3
Cancers	154.8	114.5
Chronic respiratory diseases	38.7	26.5
Cardiovascular diseases and diabetes	165.7	101.7

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	<i>males</i> 18.5	<i>females</i> 16.2	<i>total</i> 17.3
Physical inactivity	61.1	71.6	66.5

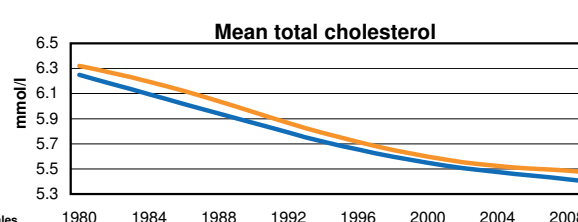
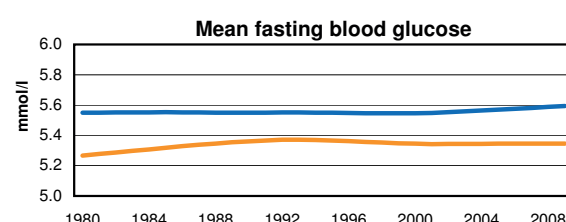
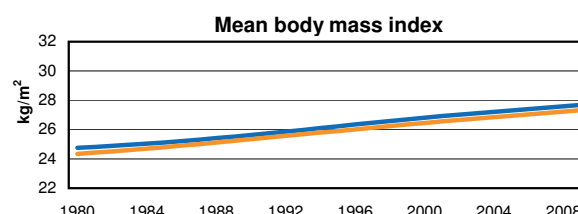
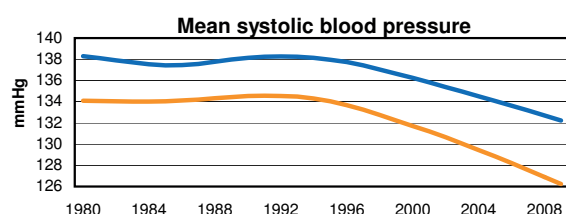
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	<i>males</i> 46.4	<i>females</i> 40.8	<i>total</i> 43.5
Raised blood glucose	9.2	7.6	8.3
Overweight	67.7	60.8	64.2
Obesity	26.0	27.7	26.9
Raised cholesterol	65.6	65.7	65.6

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 88% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	Yes
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes
<i>National health reporting system includes:</i>		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	3/5

\*\* = covered by integrated policy/programme/action plan

# United Republic of Tanzania

2010 total population: 44 841 226

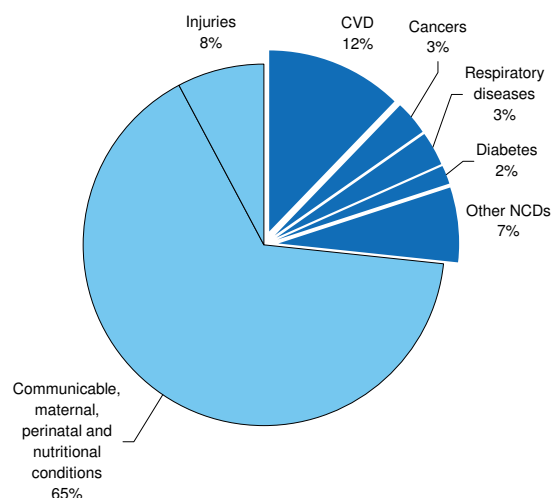
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	75.7	58.8
NCD deaths under age 60 (percent of all NCD deaths)	42.8	28.5
<i>Age-standardized death rate per 100 000</i>		
All NCDs	874.0	614.3
Cancers	79.0	73.6
Chronic respiratory diseases	130.5	52.1
Cardiovascular diseases and diabetes	472.7	381.9

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	14.1	1.8	7.9
Physical inactivity	...	...	...

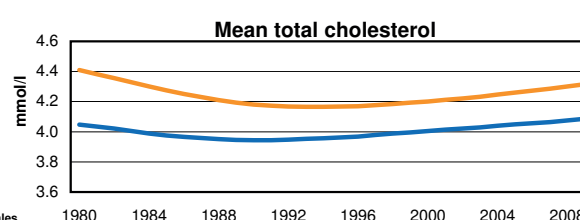
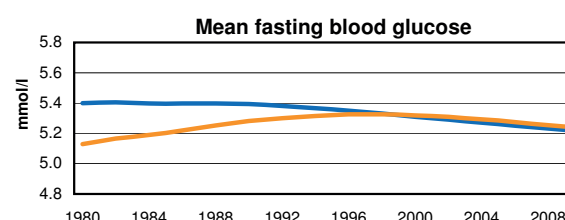
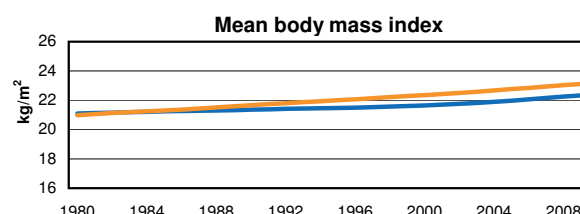
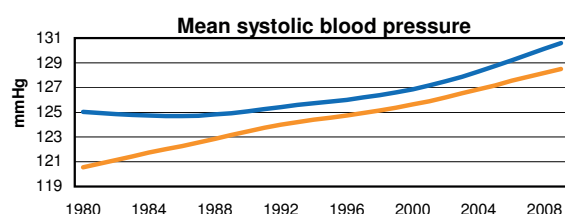
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	40.0	38.3	39.2
Raised blood glucose	6.9	7.5	7.2
Overweight	19.4	24.6	22.1
Obesity	3.4	6.4	5.0
Raised cholesterol	19.9	24.1	22.1

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 27% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	No	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

\*\* = covered by integrated policy/programme/action plan



# United States of America

2010 total population: 310 383 948

Income group: High

## NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	1055.0	1150.5
NCD deaths under age 60 (percent of all NCD deaths)	19.2	12.1
Age-standardized death rate per 100 000		
All NCDs	458.2	325.7
Cancers	141.4	103.7
Chronic respiratory diseases	38.0	27.8
Cardiovascular diseases and diabetes	190.5	122.0

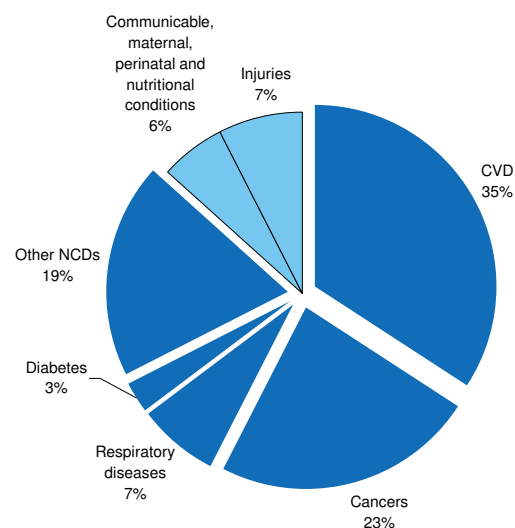
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	18.6	12.7	15.6
Physical inactivity	35.5	50.6	43.2

## Metabolic risk factors

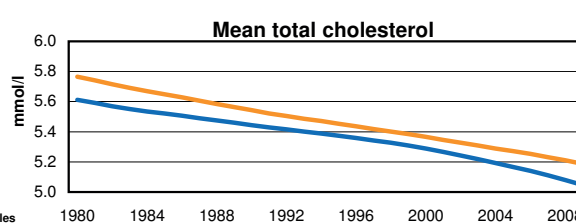
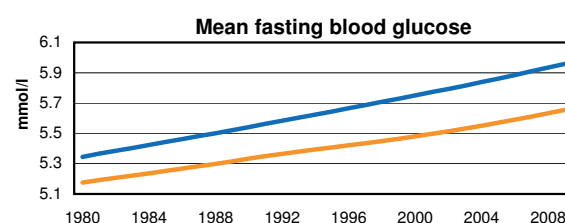
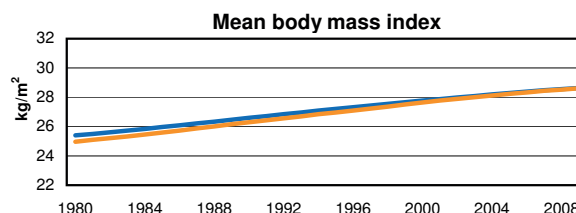
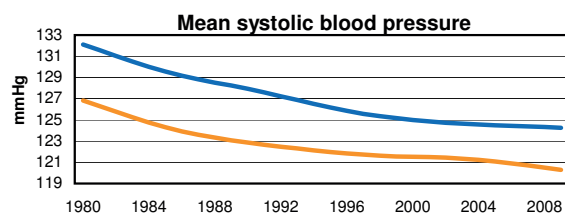
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	34.8	32.8	33.8
Raised blood glucose	13.8	10.9	12.3
Overweight	73.5	68.2	70.8
Obesity	31.1	34.8	33.0
Raised cholesterol	53.3	56.9	55.2

## Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 87% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	NR	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	NR	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	2/5

\*\* = covered by integrated policy/programme/action plan

NR = Country replied to survey but did not give a response to specific question

# Uruguay

2010 total population: 3 368 786

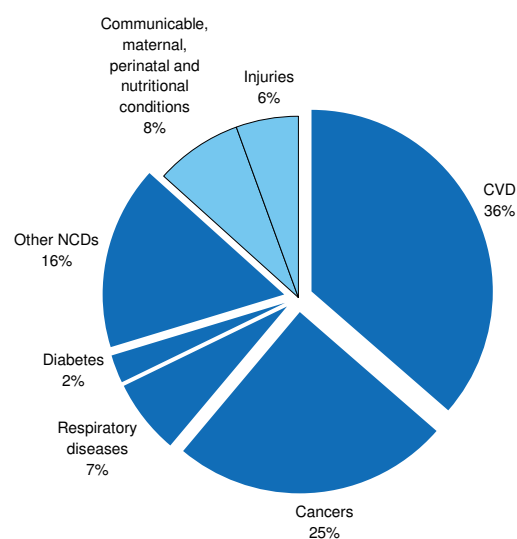
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	14.4	14.6
NCD deaths under age 60 (percent of all NCD deaths)	16.5	10.9
<i>Age-standardized death rate per 100 000</i>		
All NCDs	650.5	377.5
Cancers	217.0	118.3
Chronic respiratory diseases	59.5	20.3
Cardiovascular diseases and diabetes	264.1	160.6

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	35.2	25.6	30.2
Physical inactivity	28.7	42.0	35.7

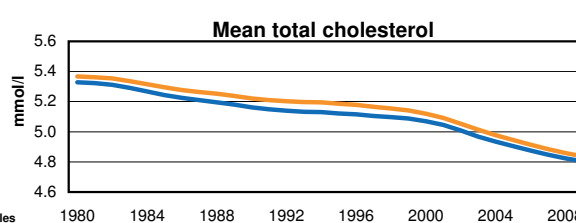
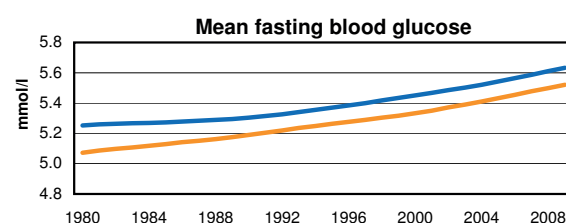
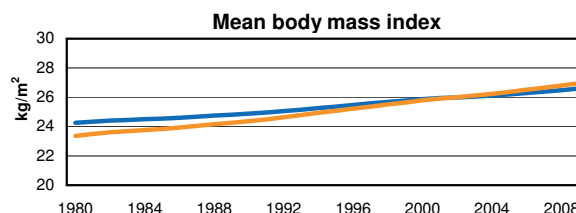
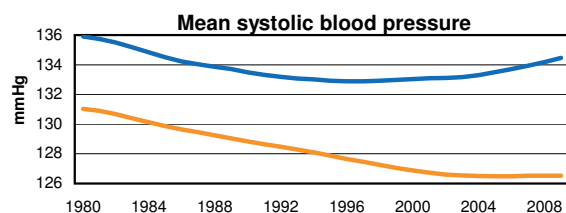
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	48.8	42.9	45.7
Raised blood glucose	11.3	11.7	11.5
Overweight	59.8	58.3	59.0
Obesity	21.1	28.1	24.8
Raised cholesterol	43.3	43.8	43.6

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 87% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	No	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	DK
		Alcohol	No
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	Yes
NCD cause-specific mortality	Yes	Physical inactivity	DK
NCD morbidity	Yes	Tobacco	Yes
NCD risk factors	Yes		
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	3/5

DK = Country responded "don't know"





# Uzbekistan

2010 total population: 27 444 702

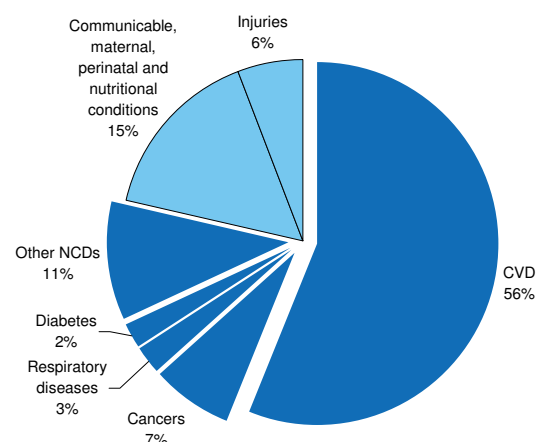
Income group: Low

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	68.2	72.1
NCD deaths under age 60 (percent of all NCD deaths)	33.8	24.1
<i>Age-standardized death rate per 100 000</i>		
All NCDs	937.8	733.9
Cancers	76.6	66.5
Chronic respiratory diseases	33.1	22.4
Cardiovascular diseases and diabetes	718.4	563.7

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	16.8	2.7	9.6
Physical inactivity	...	...	...

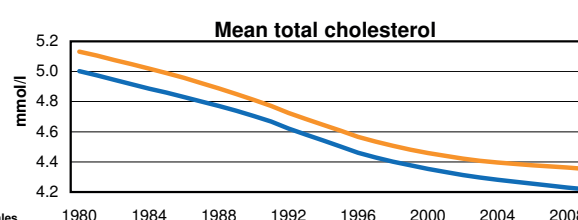
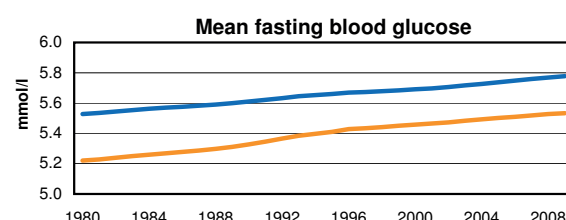
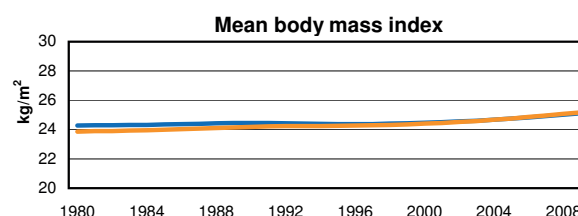
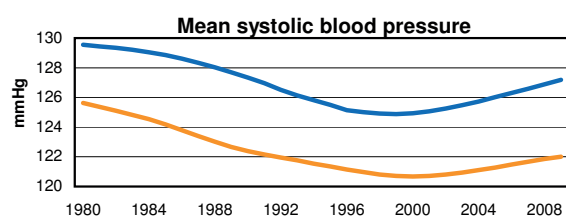
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	36.7	32.1	34.4
Raised blood glucose	11.2	9.9	10.5
Overweight	45.1	43.4	44.2
Obesity	12.8	17.4	15.1
Raised cholesterol	23.5	26.8	25.2

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 79% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	No
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
<i>National health reporting system includes:</i>		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	Yes	Tobacco	No
		Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5
Has a national, population-based cancer registry	No		

... = no data available

# Vanuatu

2010 total population: 239 651

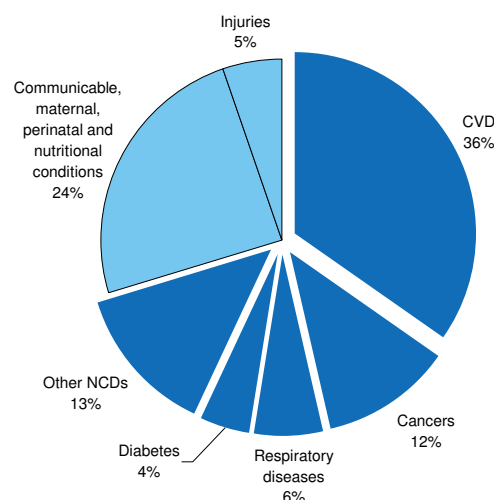
Income group: Lower middle

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	0.5	0.3
NCD deaths under age 60	37.9	42.0
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	767.8	576.8
Cancers	94.7	94.3
Chronic respiratory diseases	79.5	44.8
Cardiovascular diseases and diabetes	462.4	333.4

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	21.3	3.1	12.3
Physical inactivity	...	...	...

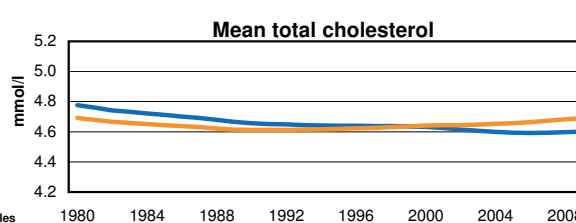
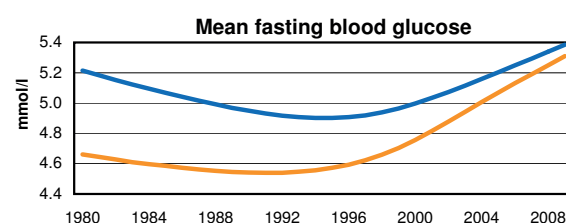
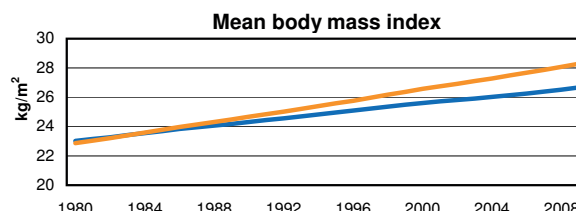
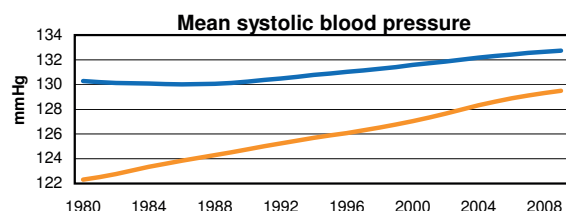
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	44.5	39.1	41.8
Raised blood glucose	8.1	8.0	8.0
Overweight	59.2	65.7	62.4
Obesity	21.0	34.2	27.5
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 70% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

\*\* = covered by integrated policy/programme/action plan

World Health Organization - NCD Country Profiles, 2011.



# Venezuela (Bolivarian Republic of)

2010 total population: 28 979 857

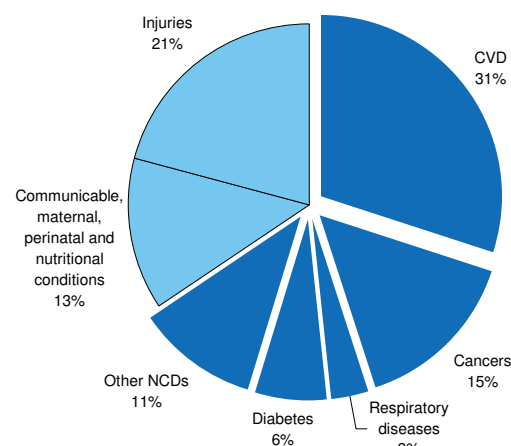
Income group: Upper middle

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	45.7	42.4
NCD deaths under age 60 (percent of all NCD deaths)	32.4	28.4
<i>Age-standardized death rate per 100 000</i>		
All NCDs	468.7	370.8
Cancers	102.5	92.1
Chronic respiratory diseases	25.0	19.7
Cardiovascular diseases and diabetes	265.7	207.2

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
Physical inactivity	...	...	...

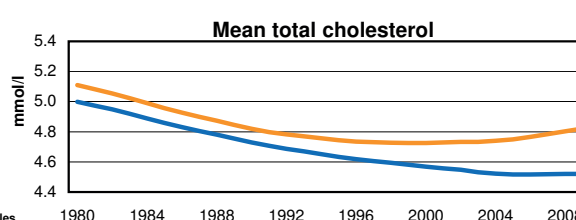
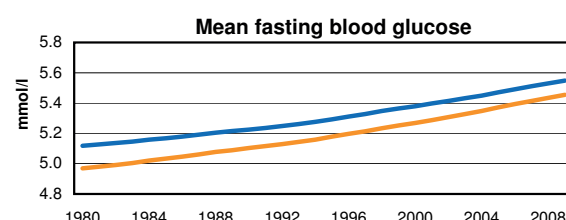
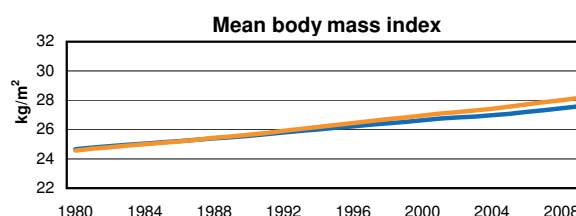
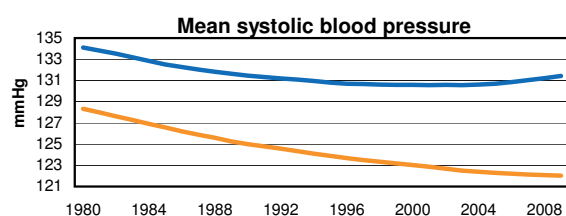
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
Raised blood glucose	43.3	32.8	38.0
Overweight	10.1	10.0	10.0
Obesity	67.8	66.0	66.9
Obesity	26.6	33.9	30.3
Raised cholesterol	32.7	41.4	37.1

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 66% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes**
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	1/5

... = no data available

\*\* = covered by integrated policy/programme/action plan

# Viet Nam

2010 total population: 87 848 445

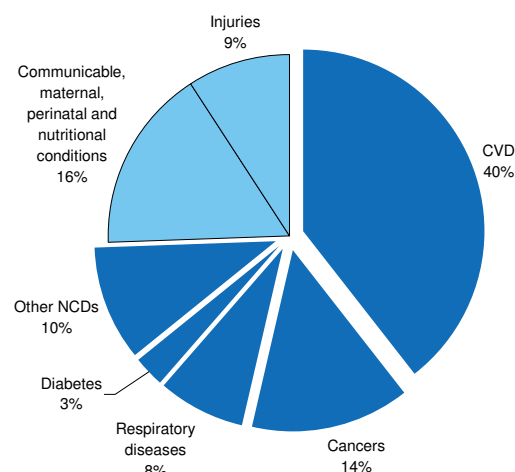
Income group: Low

NCD mortality		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	208.0	222.0
NCD deaths under age 60	26.4	19.4
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	687.2	508.2
Cancers	137.3	94.3
Chronic respiratory diseases	76.6	45.5
Cardiovascular diseases and diabetes	381.5	298.2

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	40.4	1.0	20.1
Physical inactivity	14.2	15.6	14.9

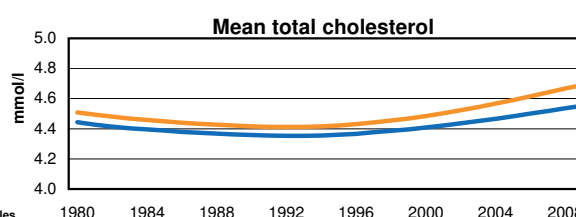
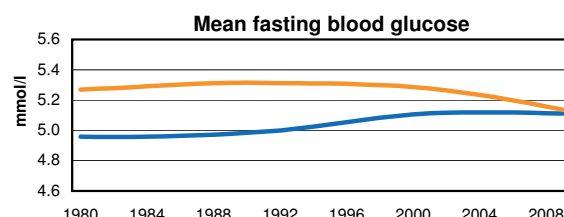
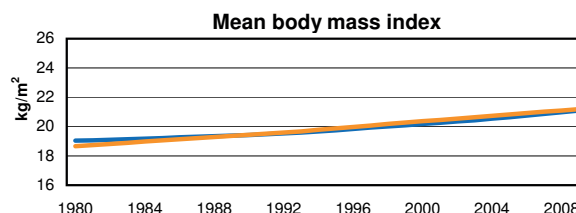
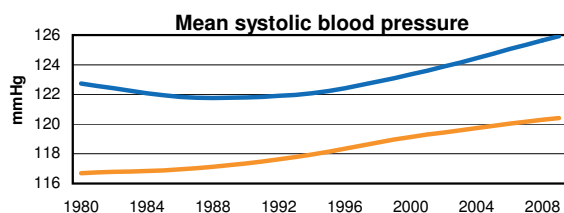
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	36.0	30.0	33.0
Raised blood glucose	6.6	7.2	6.9
Overweight	9.5	10.9	10.2
Obesity	1.2	2.1	1.7
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 75% of all deaths.

Metabolic risk factor trends



Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	Yes**
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	Yes
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	Yes	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

... = no data available

\*\* = covered by integrated policy/programme/action plan



# Yemen

2010 total population: 24 052 514

Income group: Low

## NCD mortality\*

2008 estimates	males	females
Total NCD deaths (000s)	36.2	31.4
NCD deaths under age 60 (percent of all NCD deaths)	47.0	39.5
Age-standardized death rate per 100 000		
All NCDs	886.8	721.3
Cancers	87.1	80.6
Chronic respiratory diseases	62.8	42.5
Cardiovascular diseases and diabetes	541.8	445.7

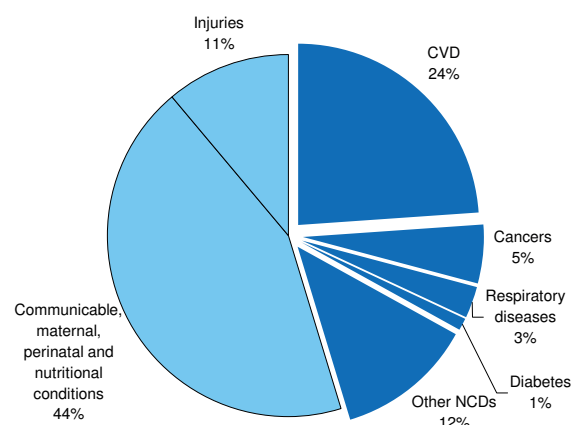
## Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	28.5	7.6	18.1
Physical inactivity	...	...	...

## Metabolic risk factors

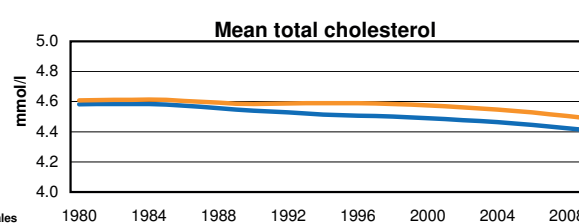
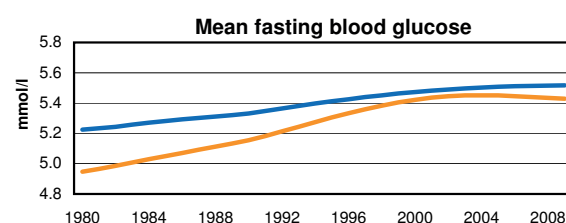
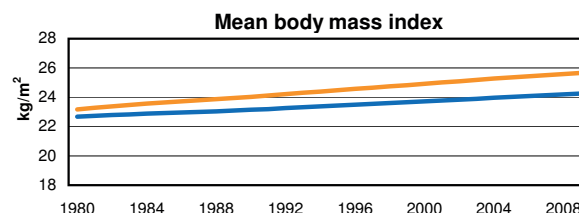
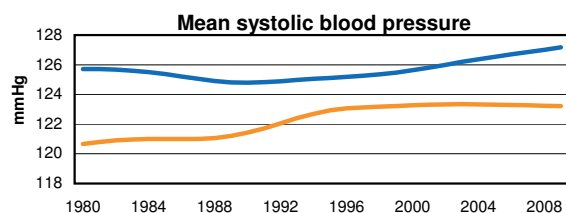
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	...	...	...
Raised blood glucose	...	...	...
Overweight	...	...	...
Obesity	...	...	...
Raised cholesterol	...	...	...

## Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 45% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	No	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	No	Diabetes	No
National health reporting system includes:		Alcohol	No
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	No
NCD morbidity	Yes	Physical inactivity	No
NCD risk factors	No	Tobacco	Yes
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

# Zambia

2010 total population: 13 088 570

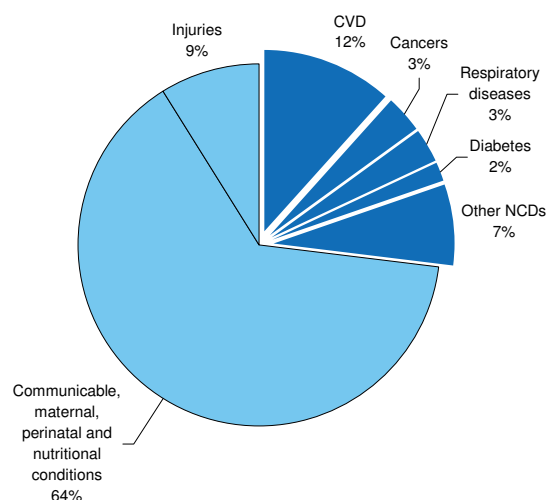
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	28.2	24.3
NCD deaths under age 60	49.5	43.9
(percent of all NCD deaths)		
<i>Age-standardized death rate per 100 000</i>		
All NCDs	1075.2	808.2
Cancers	105.3	108.3
Chronic respiratory diseases	159.4	74.6
Cardiovascular diseases and diabetes	562.8	472.5

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	18.3	2.1	10.1
Physical inactivity	13.3	17.7	15.5

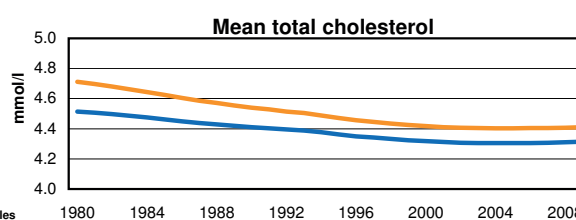
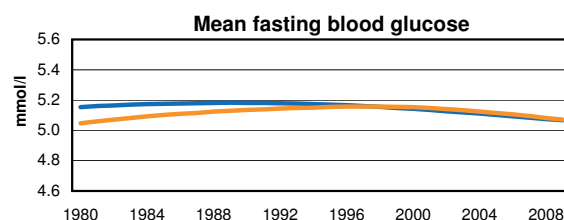
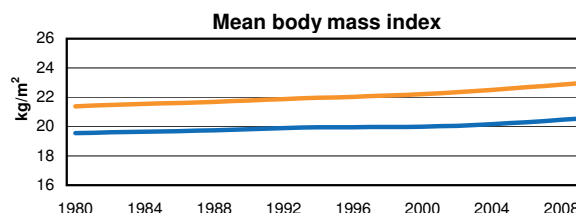
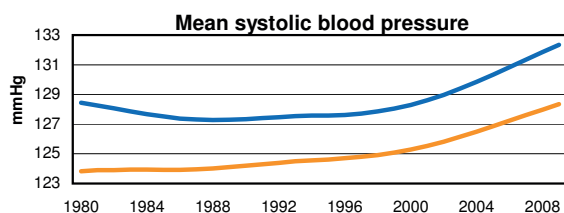
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	41.3	39.0	40.1
Raised blood glucose	5.7	6.4	6.1
Overweight	7.7	23.6	15.7
Obesity	1.0	6.2	3.6
Raised cholesterol	25.5	26.9	26.2

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 27% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	Has an integrated or topic-specific policy / programme / action plan which is currently operational for:	
There is funding available for:		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes**
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	Yes**
National health reporting system includes:		Alcohol	Yes**
NCD cause-specific mortality	No	Unhealthy diet / Overweight / Obesity	Yes**
NCD morbidity	Yes	Physical inactivity	Yes**
NCD risk factors	Yes	Tobacco	Yes**
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

\*\* = covered by integrated policy/programme/action plan



# Zimbabwe

2010 total population: 12 571 454

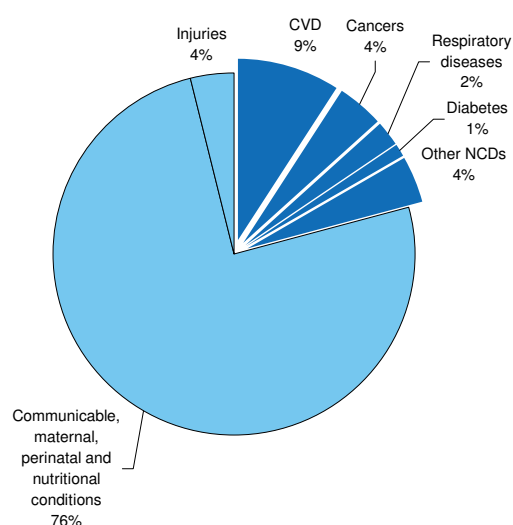
Income group: Low

NCD mortality*		
<i>2008 estimates</i>		
Total NCD deaths (000s)	males	females
	19.0	19.1
NCD deaths under age 60 (percent of all NCD deaths)	23.5	26.8
<i>Age-standardized death rate per 100 000</i>		
All NCDs	697.8	533.4
Cancers	111.7	115.1
Chronic respiratory diseases	96.2	41.2
Cardiovascular diseases and diabetes	357.3	291.0

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>			
Current daily tobacco smoking	males	females	total
	18.0	2.1	9.6
Physical inactivity	18.2	24.8	21.7

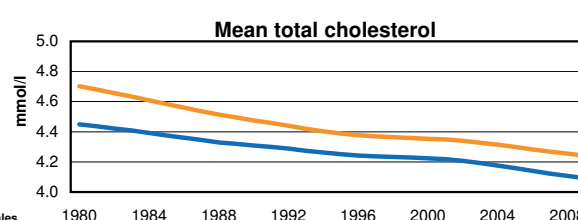
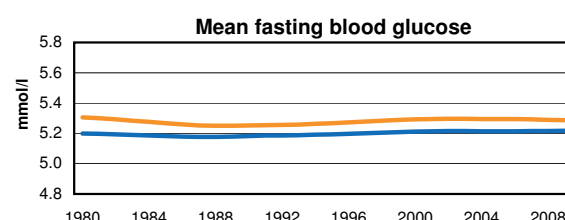
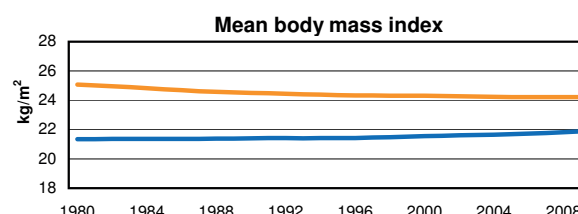
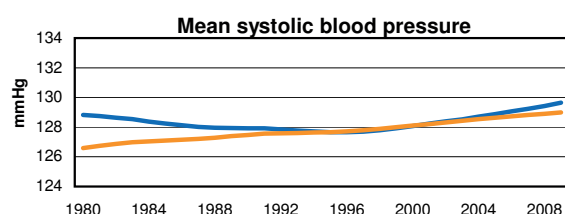
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>			
Raised blood pressure	males	females	total
	38.2	39.9	39.0
Raised blood glucose	...	...	...
Overweight	15.1	35.6	25.5
Obesity	2.4	11.6	7.0
Raised cholesterol	...	...	...

Proportional mortality (% of total deaths, all ages)\*



NCDs are estimated to account for 21% of all deaths.

## Metabolic risk factor trends



## Country capacity to address and respond to NCDs

Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>	
<i>There is funding available for:</i>		Cardiovascular diseases	No
NCD treatment and control	Yes	Cancer	Yes
NCD prevention and health promotion	Yes	Chronic respiratory diseases	No
NCD surveillance, monitoring and evaluation	Yes	Diabetes	No
		Alcohol	No
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity	No
NCD cause-specific mortality	Yes	Physical inactivity	No
NCD morbidity	Yes	Tobacco	No
NCD risk factors	No		
Has a national, population-based cancer registry	Yes	Number of tobacco (m)POWER measures implemented at the highest level of achievement	0/5

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

... = no data available

World Health Organization - NCD Country Profiles, 2011.